Oral Hygiene

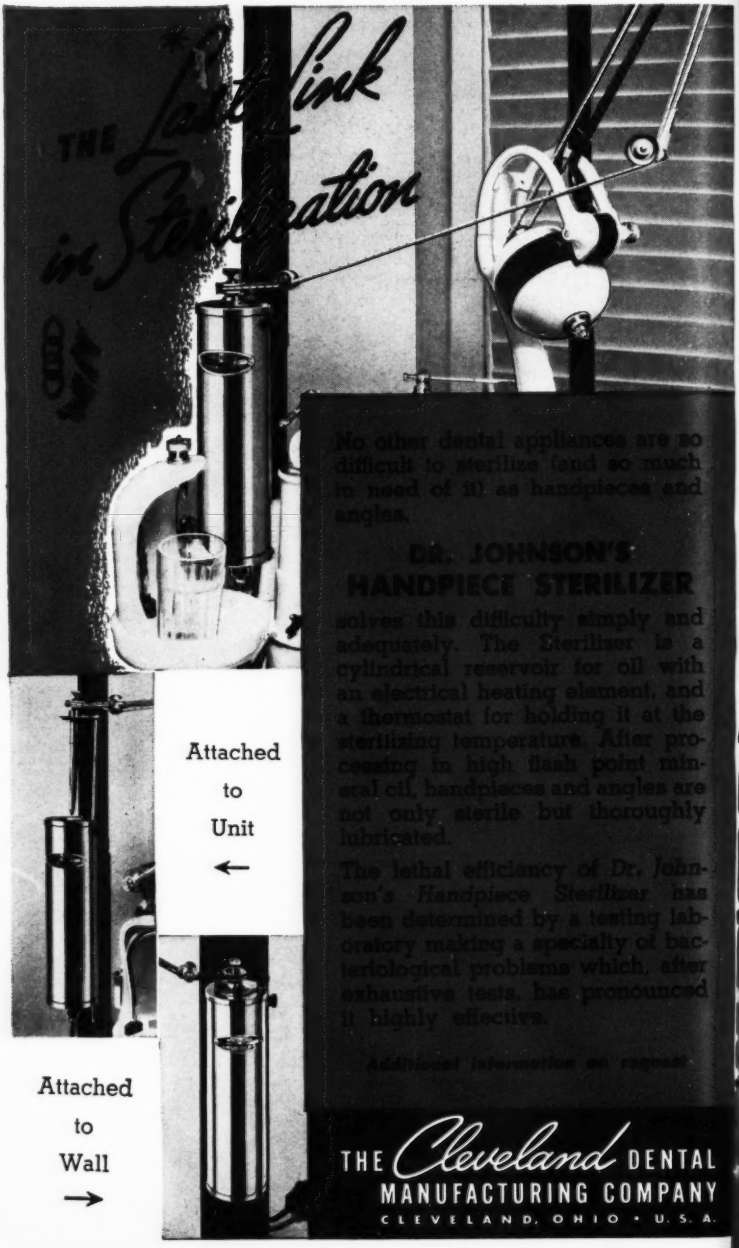
OCTOBER 1940

Eighth Annual Mid-Continent Dental Congress, St. Louis, November 21-24.

In This Issue:

SCHOLARSHIPS FOR DENTAL TEACHERS

COMPLETE TABLE OF CONTENTS ON PAGE 1351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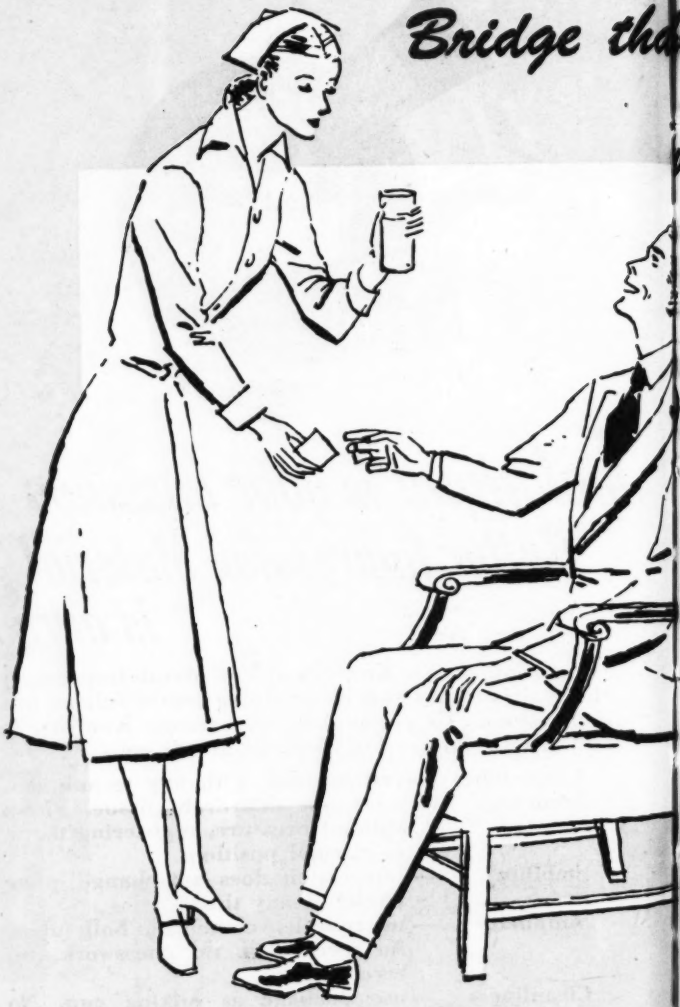

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The Publisher's Corner

By Mass **Number 327**

AUGUST AFTERNOON

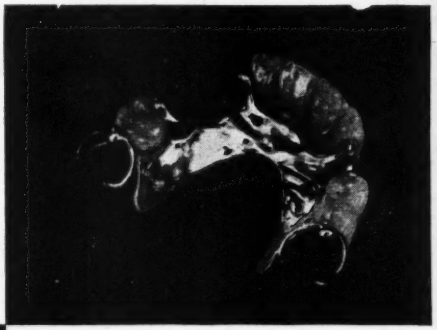
IT'S A HUMID August afternoon, but none too soon to begin to crochet cliches for the October issue. Puffing a sweet new pipe helps a bit. Doctor Wallace Campbell of Scottsburg, Indiana, sent it. When he used to practice in Sunman, in the same state, Wallace wrote for the CORNER now and then. And this time he is helping to write one.

These days, Wallace is having fun with pipes. He buys so-called imperfect blocks of high-quality imported briar, and finishes and polishes them. Of this one, he wrote, "I don't think you will find the breaking-in a very unpleasant task." It wasn't; the pipe Wallace sent me got sweet real quick.

He explained that in finishing and polishing, he uses no stain or varnish—just sandpaper, oil and pumice, and finally wax. Some of the blocks of briar have holes in 'em that he has to fill. "Some have complete abdominal perforations." Wallace fills the holes with one thing and another. The pipe he sent to me, he says, is probably the only one in existence with a gold-foil filling in it. (The CORNER'S friend, Harry Robb of Morgan-Hastings, will be glad to hear about that.)

"The cavity wasn't very deep," remarks Wallace, "and made me think of an occlusal spot in a molar." The foil was just the ticket, but it looks to me more like an appendectomy: it's in just

personal attention



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the right area of the pipe's belly. Foil filling or no foil filling, it's a grand little old pipe.

* * *

Another friend of the CORNER, Bill Williams, is also helping to write this one. He sent me an enormously interesting letter he had received from Doctor E. T. Hunt, dentist for The International Grenfell Association of St. Anthony, Newfoundland. As this is written, during a hot August day, Doctor Hunt is probably shivering up in northern Labrador. He was about to leave for there aboard the Grenfell hospital ship *Maraval* on a two-month cruise.

Practicing dentistry in the Far North must be a fascinating life, but it's not all fun. At St. Anthony headquarters, Doctor Hunt has an office in a well-equipped hospital. There's electricity and running water, but no gas. All heating processes are limited to what can be done on an alcohol lamp or a kerosene stove. On a recent expedition away from the St. Anthony base, all facilities were quite primitive. But let's let Doctor Hunt himself tell about it:

"My plan was to make forty dentures at a nursing station some seventy miles away, which can be reached only by sledge and dog-team. This limited my load to four hundred pounds, which included a week's food for me, dog food, five weeks' clothes, sleeping bag, and all my dental equipment and supplies for extractions and denture work. The latter included eighty pounds of plaster, flasks, clamps, etc., and twenty boxes of denture base.

"We made the trip in good weather in a day and a half, with the temperature averaging zero Fahrenheit (or eighteen below, Centigrade). We arrived at the nursing station where I put my heavy baggage in one of the outhouses where I was going to do my work. Then I made a week's tour of the sixty miles of coast,

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inspecting schools and doing extractions." When he returned to the nursing station, Doctor Hunt set up his laboratory in the store room and started to work. "At this station, there is no electricity: all illumination is provided by kerosene lamps. There is no running water; the water supply is a barrel on a sledge, filled from a hole in the ice three hundred yards away; it is very precious. All the heat I had was furnished by a wood-burning stove in the center of the room. Filled with wood, it was almost unbearable; without sufficient wood to keep it going, it was too cold to work."

It took Doctor Hunt three weeks to make and fit the forty dentures. "Having no means of polishing them," he explains, "I fitted them after filing and sandpapering them, and took them back with me to St. Anthony to finish. Another difficulty: the fire in the stove went out during the nights, as the temperature most nights dropped to ten below, Fahrenheit, or twenty-four below, Centigrade. My first job every morning was to thaw out everything. Even the oil and anesthetic cartridges were solid each morning. Despite all this, and the fact that the completed dentures each had to survive the round-trip to St. Anthony, I have only heard of one patient who experienced any difficulty."

Maybe in a future issue the CORNER can tell what happened to Doctor Hunt on his two-month cruise to Labrador—where he's likely trying to keep warm this August afternoon. (Here in Pittsburgh it's ninety-eight above, Doctor.)

* * *

And now we come to the end of the last page, with not a smitch of room left to tell about the Bashful Barber who's not only shy, but mighty respectful. He's an Italian—doesn't know much English. He thinks he is showing me high respect when he says "Gooda bye, beega boy!"

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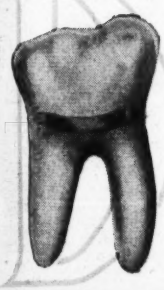

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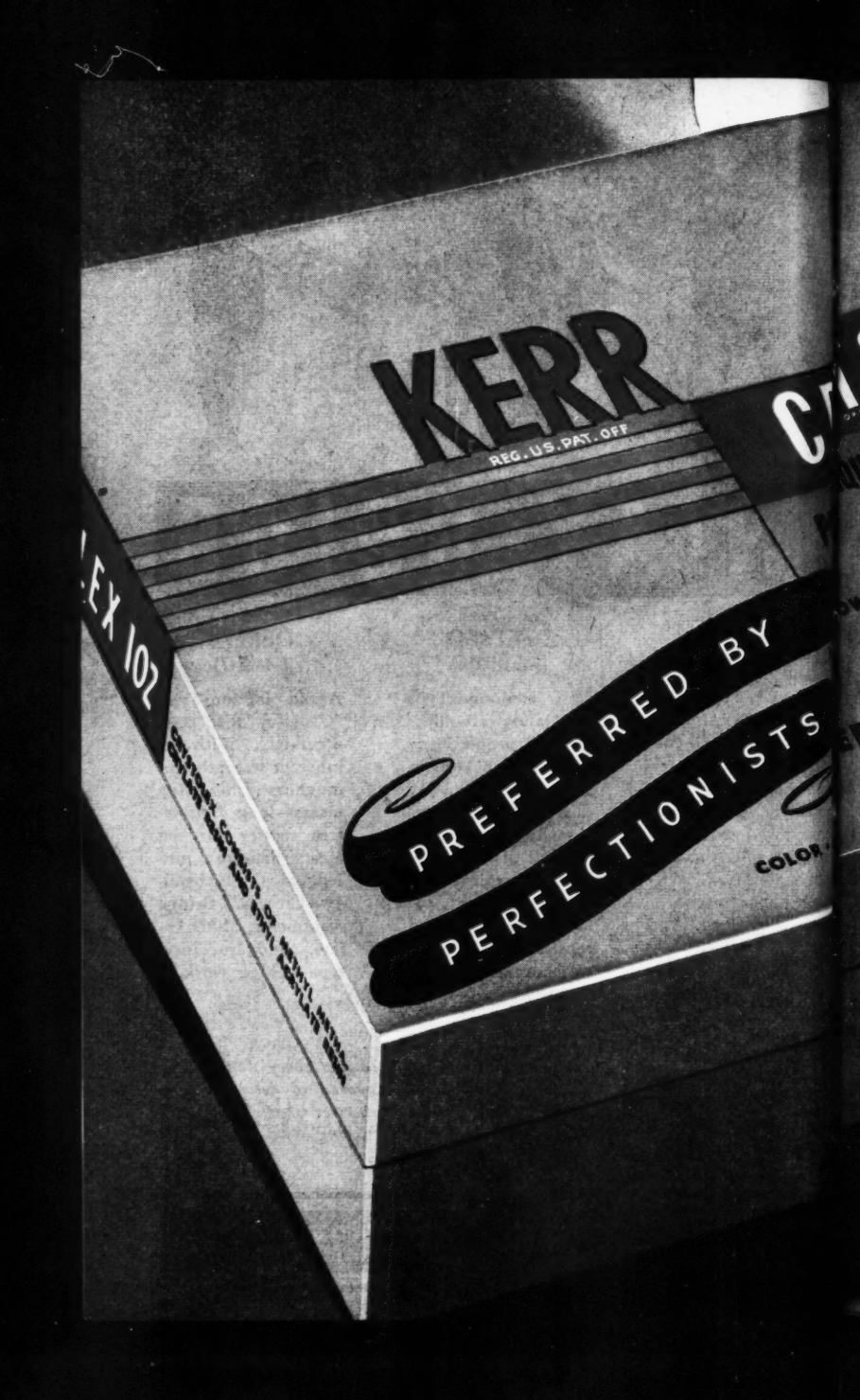
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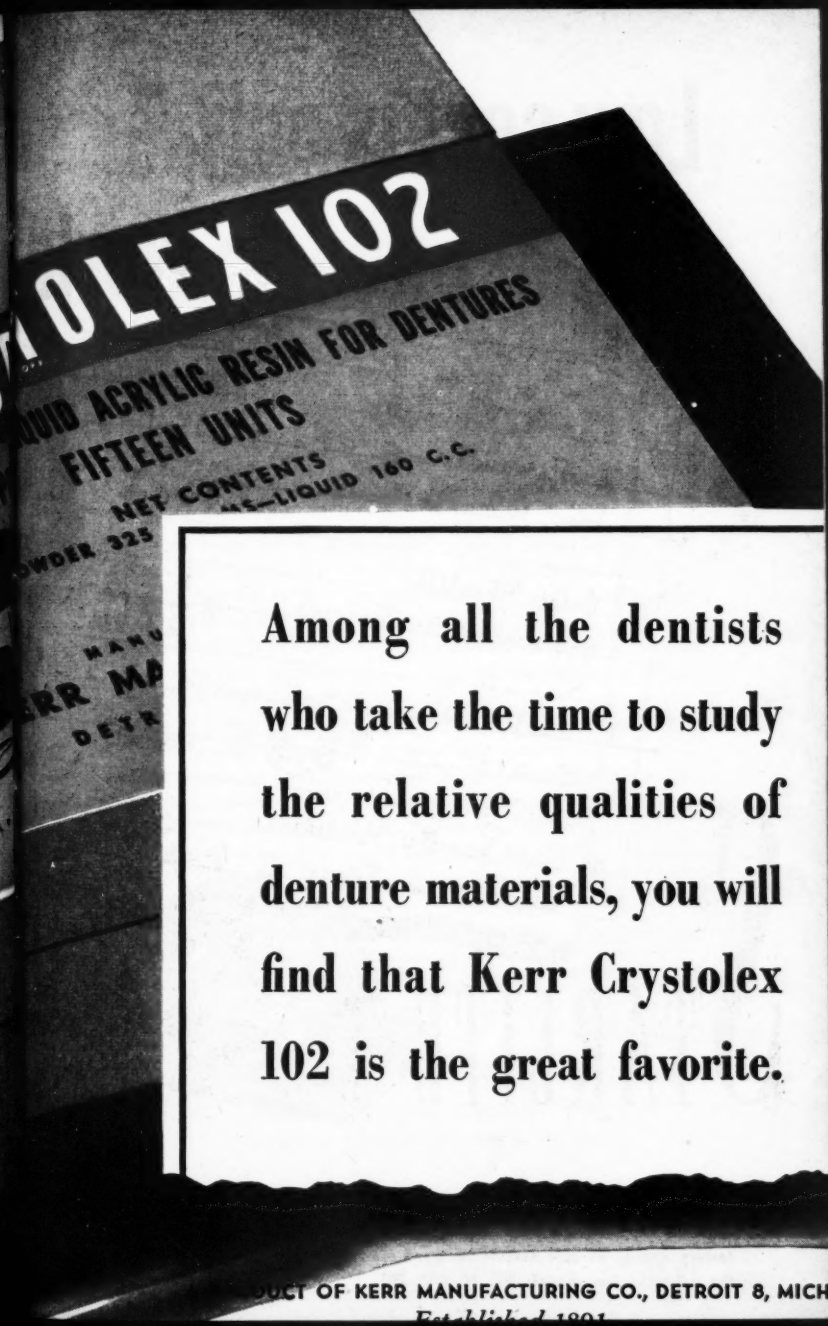

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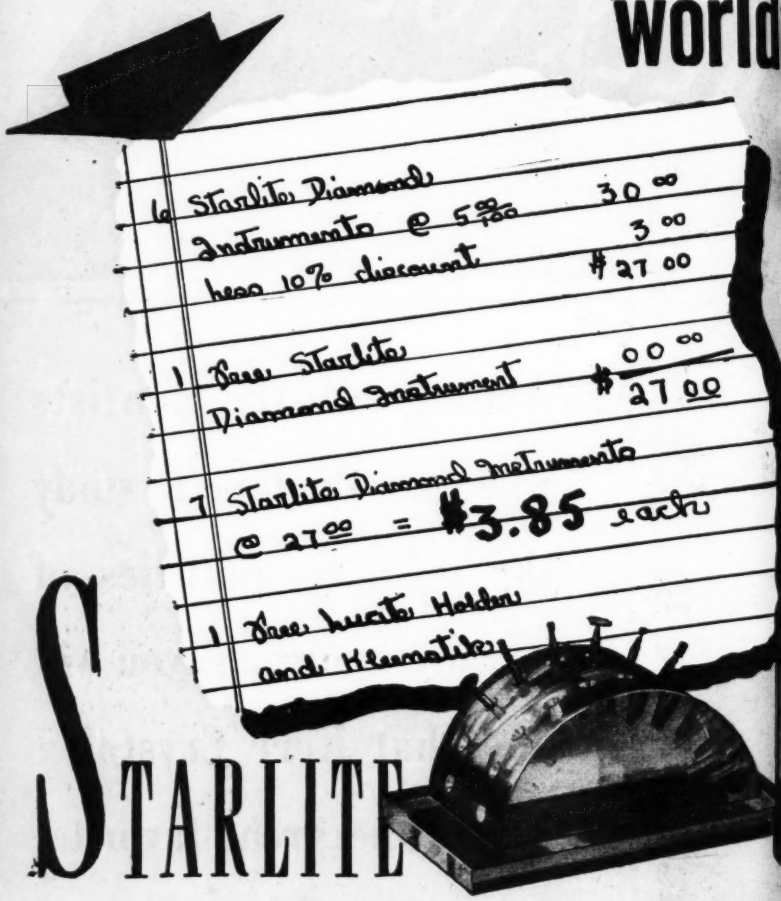

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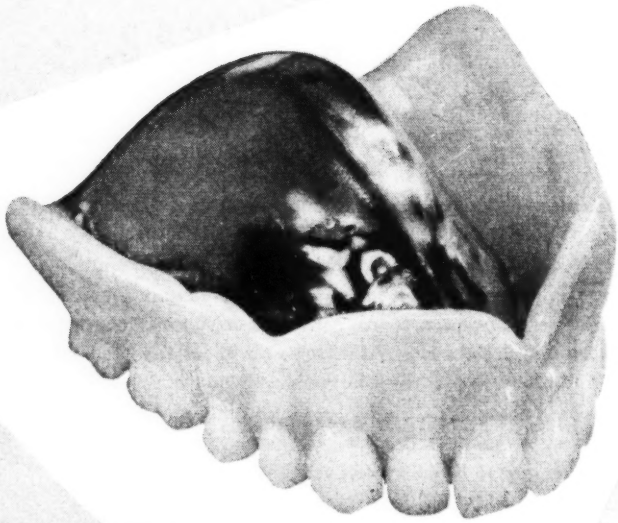

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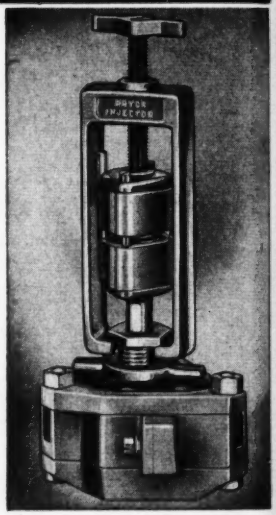
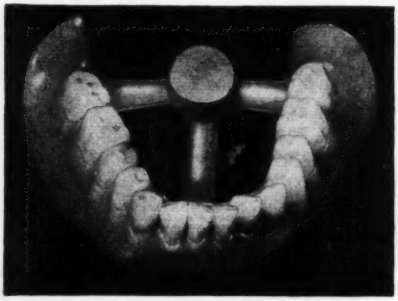


Pryor Injector and Injection Flask



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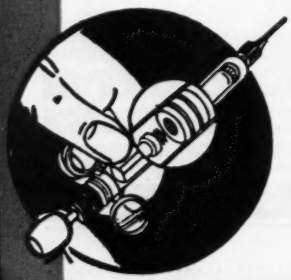

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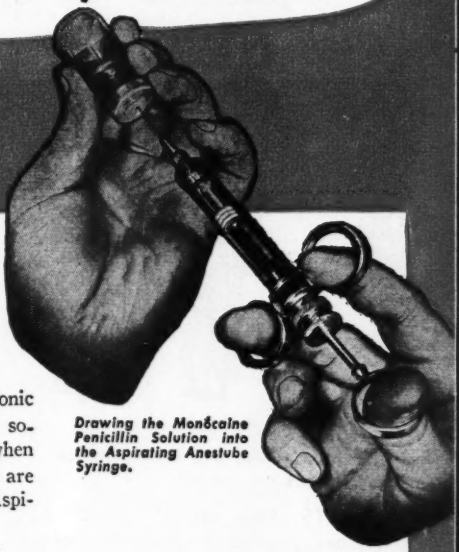

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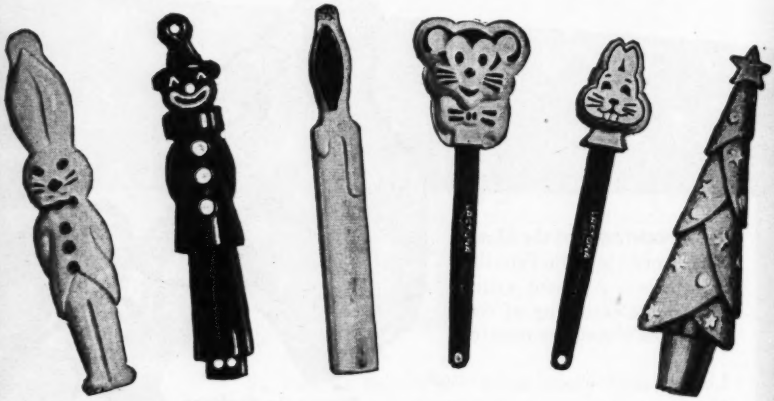

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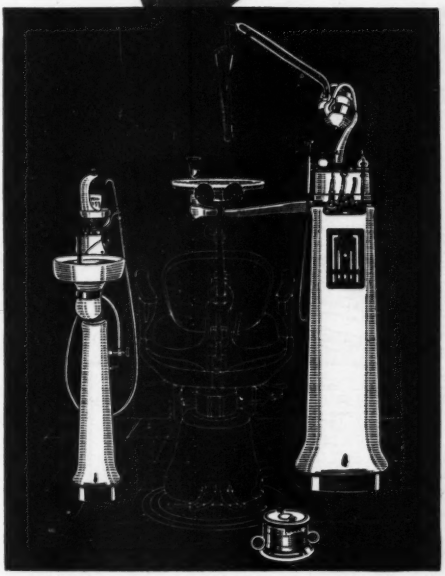

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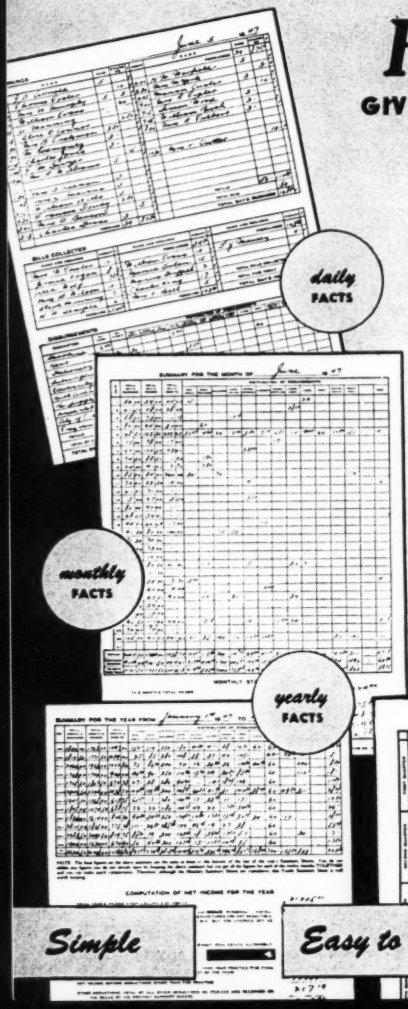

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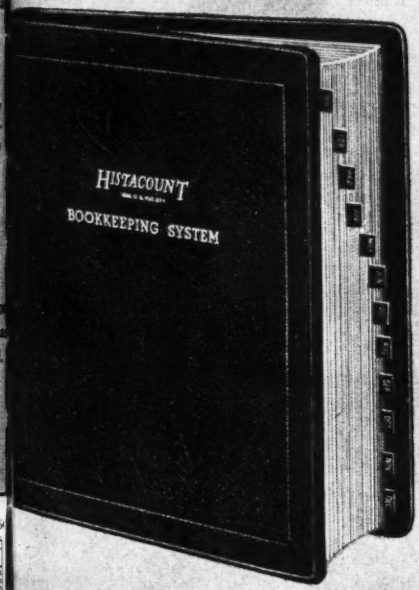

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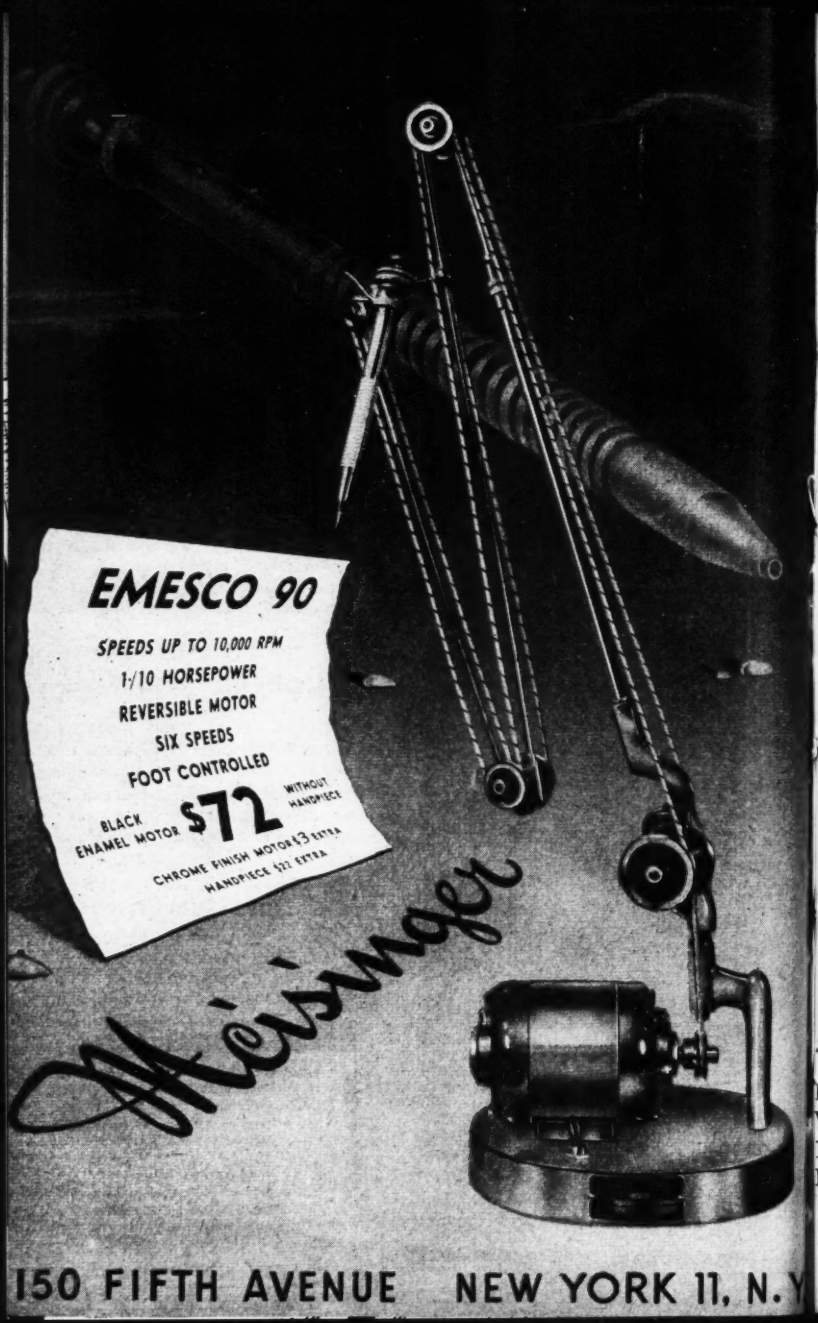
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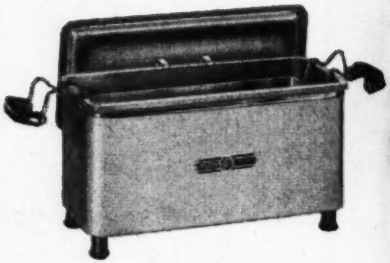

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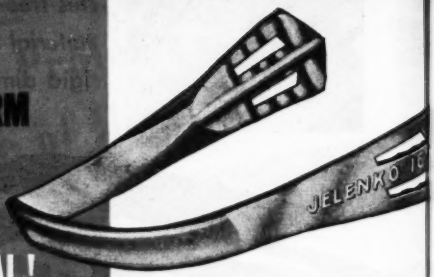

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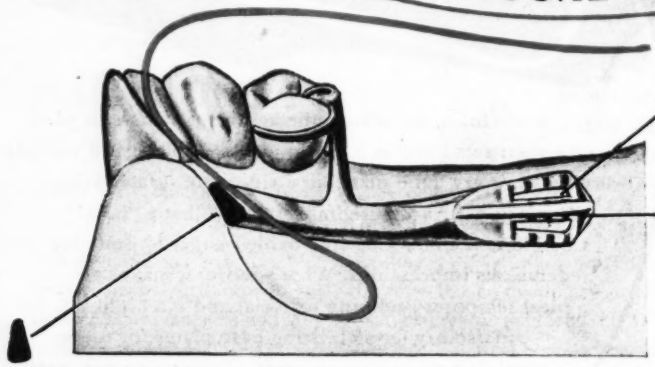

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VOL. 38, NO. 10 OCTOBER 1948

DEPARTMENTS

1911 1948

EDITORIAL OFFICE: 708 Church Street, Evanston, Ill.; PUBLICATION OFFICE: 1005 Liberty Avenue, Pittsburgh 22, Pa.; Merwin B. Massol, Publisher; W. Earle Craig, D.D.S., Associate; Robert C. Ketterer, Publication Manager; Dorothy S. Sterling, Promotion Manager; Homer E. Sterling, Art. NEW YORK: 7 East 42d Street; S. M. Stanley, Vice Pres.-Eastern Manager. CHICAGO: 870 Peoples Gas Building; John J. Downes, Western Manager. ST. LOUIS: Syndicate Trust Building; LOS ANGELES: 1709 West 8th St.; SAN FRANCISCO: 57 Post Street; Don Harway, Pacific Coast Manager. Member Controlled Circulation Audit. Publishers also of Spanish Oral Hygiene, and Dental Digest, and Proofs.

Picture of the Month

GOVERNOR Lester C. Hunt of Wyoming rides through the Railroad Fair on Chicago's Lakefront to head his State's delegation during special day at the exposition. Doctor Hunt is a dentist and former Secretary of State of Wyoming.—*Photograph courtesy of Chicago Daily News.*

Ten dollars will be paid for the picture used in this department each month. Send gloss prints with return postage to Oral Hygiene, 708 Church Street, Evanston, Illinois.

"It's Analogous, Doctor"

By HAROLD P. WINKLER, D.D.S.

This dentist suggests the use of analogies with commonplace objects to educate your patients dentally.

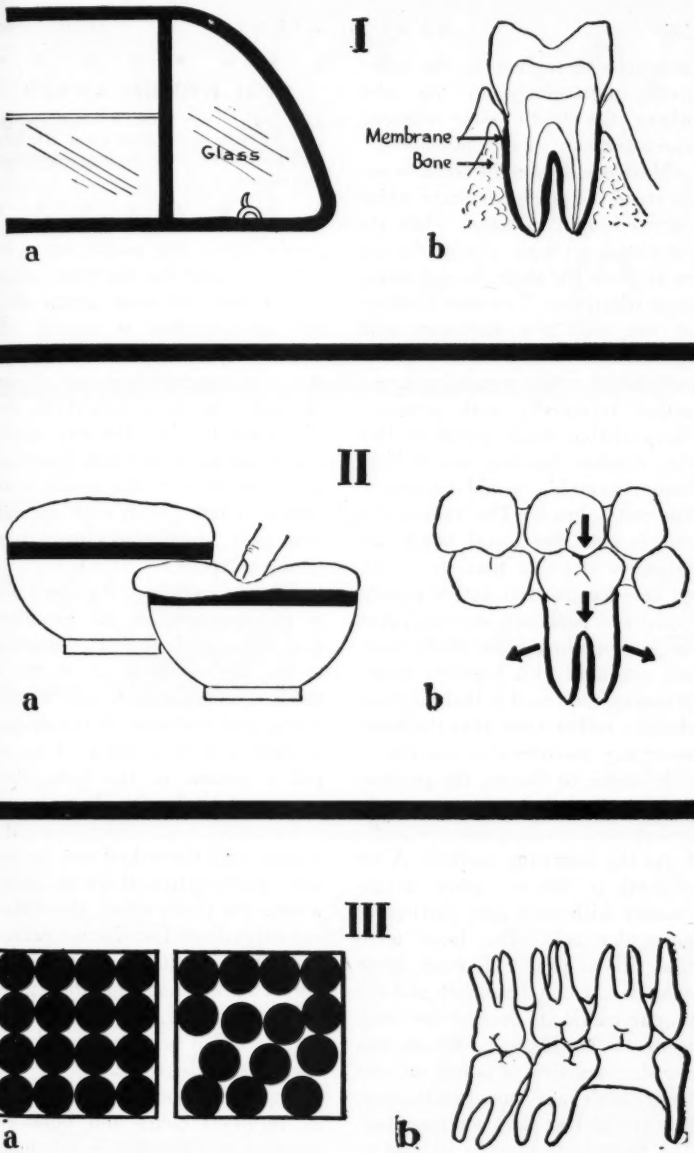
ONE OF OUR biggest failures, as dental practitioners, lies in the fact that sometimes we are unable to get a point across to the patient at the patient's level of thinking. This holds true particularly when discussing the diagnosis of a case. As professional men, we have been inculcated with certain terms which to us are commonplace and meaningful, but to the patient are only technical words with no meaning. How often have we mentioned anterior, posterior, periodontal membrane, bone resorption, caries, and other terms to the patient, only to have the patient stare at us blankly?

In my own practice, I try to use analogies that are understandable to the patient. I hope that in that way he will understand the information I am trying to disclose.

In speaking of a periodontal membrane, liken it to the rubber cushion which surrounds the glass in a car door. All patients understand that this rubber is used to prevent the glass from breaking when the car door is being closed. In other words, it is utilized to absorb part of the force exerted on the glass. So, too, the periodontal membrane in the mouth is utilized to absorb part of the force exerted on teeth during closure of the mouth.

In explaining thickened periodontal membranes and their causes, I use this approach. If you had a large lump of dough in front of you, the harder you pushed down on the dough, the more it would move sideways. So, too, the harder the teeth bite together, the more they move sideways, and thus exert greater pressure on their surrounding cushion. Therefore, on roentgenograms these areas show up darker.

In discussing movements of the teeth and their causes, I use this analogy. Teeth are all related to each other, like marbles in a box. In order to maintain each marble in its original position, all the marbles must remain in the box in their original position. If you take one marble out of the box, all the other marbles move and assume a new position. Likewise in the mouth; if you remove one tooth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and do not replace it, the other teeth, particularly in the area where the tooth was removed, move and assume new positions.

Most people cannot seem to understand the phenomenon in which the teeth remain intact while the surrounding bone slowly shrinks away from the teeth. In discussing bone resorption, I use this analogy. If you took two hammers with metal heads and wooden handles, and hit the two metal heads together repeatedly with pressure, the probable result would be that the wooden handles would split before anything would happen to the metal heads. The reason for this is that the metal heads are infinitely stronger than the wooden handles. So, too, in the mouth. Since the teeth are stronger than the surrounding bone, if the teeth are constantly hit together under pressure, the result is that the bone shrinks rather than that the teeth wear any considerable amount.

In order to discuss the particular function of the anterior teeth, as opposed to the posterior teeth, I use the following method. A set of teeth is like any piece of machinery with each part playing its particular role. The front teeth bite off a piece of food large enough to enter the mouth and the tongue carries it back to the back teeth to be chewed. While this chewing activity is going on, the front teeth are not functioning, but are at rest and not touching. The front teeth may be likened to the starter on a car; once the starter turns the motor over, its job is finished for the time being, and it does not work again until the ignition key is turned off. While the motor is working, the starter is completely at rest. When the motor has been turned off, and you want to start the car again, you bring the starter into function. Thus, we have in the mouth a division of labor with each specialized part functioning for a particular purpose.

★ ★ ★ ★ ★ ★ ★ ★

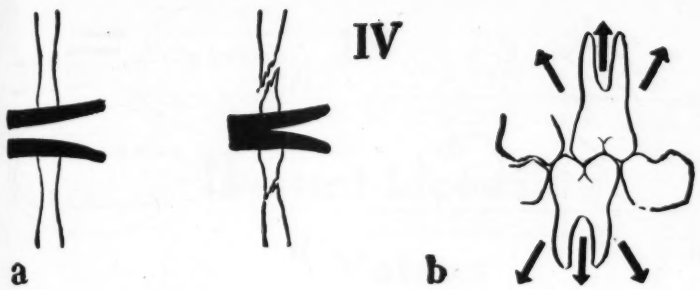
ORAL HYGIENE AWARD

This article by HAROLD P. WINKLER, D.D.S., *has won the* $100 ORAL HYGIENE *award for the best feature published this month.*

★ ★ ★ ★ ★ ★ ★ ★

When I mention the need for roentgenograms in an examination, I discuss it in this manner. A tooth, like a block of wood, is three dimensional. It has length, width, and thickness. If you drilled a small hole in a block of wood, put a peanut in the hole, then covered the hole with plastic wood, it would be impossible to see the peanut with the naked eye. So too with teeth; often there is caries within the tooth which the naked eye cannot see because we cannot look through the tooth. The taking of roentgenograms then gives us a picture of the inside of the tooth so that we can see if any "peanuts" exist there.

Improper tooth brushing, with its resultant clefts and bone resorption, are handled in this manner: A carpenter, when he is plan-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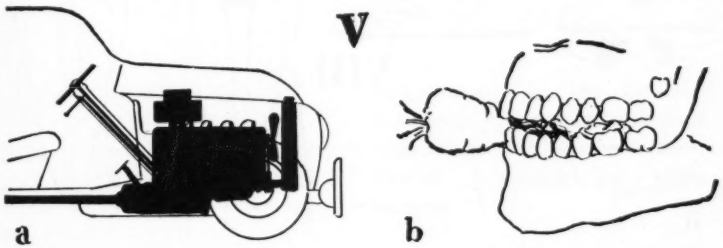
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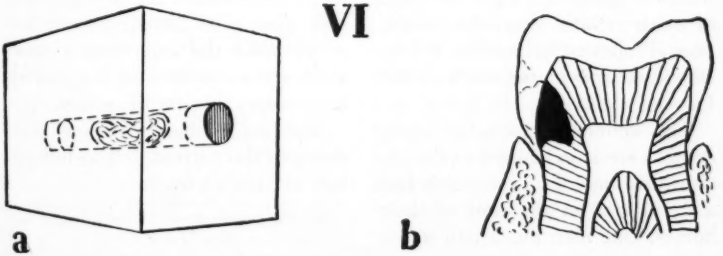
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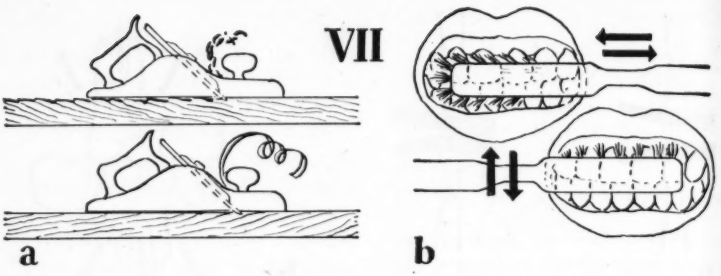

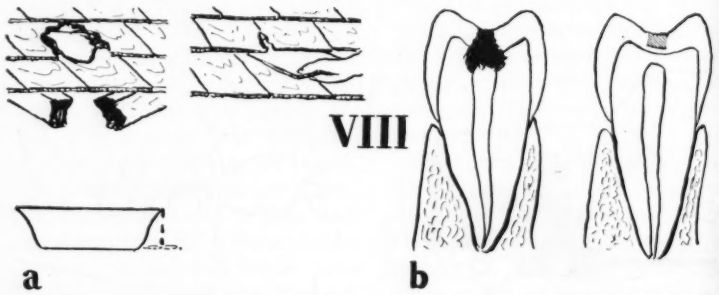

ing a piece of wood, planes in the direction of the grain. If he does not, the plane bucks instead of working smoothly, and the result is gnarls in the wood. In the mouth, the proper direction in line with the grain is in the direction of tooth growth. Any other direction, if followed habitually, will result in gnarls in the teeth in the form of clefts.

The economic value of early dental care is explained to the patient this way. Two men each had a small leak in the roof of their homes. One man put a pail under the leak and considered it taken care of. The other man called in a roofer who fixed the small leak. In time, the man using the pail found that a portion of the roof had collapsed, necessitating a large expenditure for a new roof. The man who took care of the small leaks did not need a new roof, and so, in the long run, saved a considerable sum of money.

The main idea is not to talk down to the patient, but to talk to him at his own level.

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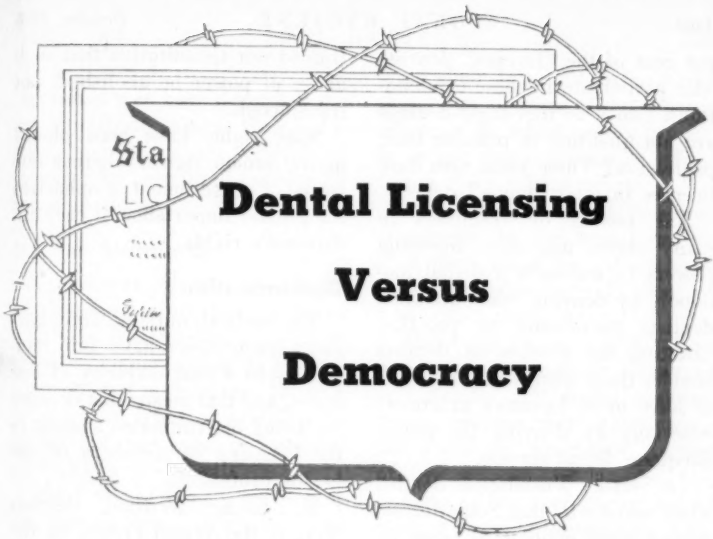


Dental Licensing Versus Democracy

By ***COLUMBUS GIRAGI****

A columnist for an Arizona newspaper exposes fallacious reasoning behind restrictive dental licensing by state boards.

APPROXIMATELY 70,000 dentists in the United States are being denied rights which are the privilege of every American citizen. The right of a dentist to practice is limited to that state in which he has a license. Almost without exception it will be confined to that state in which he was born or the state in which he received his professional training.

There is no full reciprocity between any two states, and there is a restricted form of partial reciprocity among eight or ten states.

All the states and the District of Columbia give board examinations which are supposed to decide whether or not an applicant is qualified for a license.

The present licensing procedure should be completely revised because it has so many shortcomings. The most important are:

These examinations do not prove a man's ability to provide adequate dental service; dentists with five to fifty years of successful practice behind them have been "flunked" when they tried to secure a license to practice in a "foreign" state.

Some states fail as many as 70

*Reprinted with permission of the author from *The Arizona Times*, Phoenix, Arizona.

per cent of the "foreign" dentists who participate in these examinations. Can it be that those dentists are not qualified to practice their profession? These same men have licenses in their "home" states.

The boards of examiners in many states use their licensing powers to maintain a dental monopoly by denying other qualified dentists permission to practice. Limiting the number of dentists enables those men within the state to have more lucrative practices; especially by denying the public adequate dental service.

(A Seattle, Washington, dentist, when asked why that State did not permit more dentists to come in, replied: "If you were practicing here and getting our high fees, would you want more dentists to come into the State?")

Too many boards of examiners are made up of dentists who use licensing powers to express personal prejudices against either individuals, races, religions, or any other elements in life which might be subject to personal opinion.

The present nonreciprocal status of dental licensure is contrary to many stipulations in our Constitution. It is in violation of the Preamble, Section 1 of Article IV, Section 2 of Article IV, and the Fourteenth Amendment.

By enforcing this licensing procedure the states assume the right to perpetrate abuses of power which have been denied the federal government by the Constitution. It was intended by those who framed our Constitution that such abuse of power be abolished, not transferred.

State rights have been placed above human rights, whereas our form of government emphasizes the greater importance of each individual's rights.

Discrimination

The medical, nursing, and pharmacy professions have full reciprocity in a vast majority of our states, and that means that dentists are being discriminated against in the licensing of members of the health professions.

If, during wartime, dentists serve in the Armed Forces for the benefit of forty-eight states, and perform dental service in any of the states while in uniform, why should any state deny them full citizenship rights if they choose to change their place of residence?

Too many state board examinations make it virtually impossible for a dentist to move to another climate when poor health makes such a step necessary.

This practice frequently separates families where the wife and children must reside in a different state for health reasons. It invariably decides the place of abode for a young married couple if they should come from different states.

If an honest poll (preferably under the supervision of the U. S. Public Health Service) were held among the members of the dental profession, from 70 to 90 per cent of the Nation's dentists would vote

for nation-wide reciprocity. The individual men have never had the opportunity to express their opinions, and many are fearful of speaking up because of anticipated recriminations.

Higher Standards?

Proponents of the present licensing system for dentists try to justify its existence by avowing it provides higher standards of dentistry, that it is necessary because of different types of teaching in dental colleges, and because reciprocity is "socialism."

The truth of the matter is that the present licensing system does not improve the standards of dental service . . . The teaching of dentistry in the many schools differs but slightly; certainly much less than is to be found in the teaching of medicine.

Reciprocity is not socialism. Can anyone call our medical profession socialistic, even though it does have reciprocity in forty-two of our states?

Nation-wide reciprocity, with each state granting full recognition to every other state's dental licensee, will provide many benefits for Arizona and every state in the Nation.

It is high time the public was rescued from the clutches of a few "closed shop" dentists who prate of dental standards when they mean insurance of continued personal advantage and personal financial gain.

It is high time they be dislodged from their lofty pinnacle, where they reign supreme at the expense of the public which cannot properly secure dental service or afford to pay the resultant tribute.

If we had full and nation-wide reciprocity in the dental profession, there would be a more equitable distribution of dentists throughout the country.

There can be no sane justification of patients waiting for weeks and months for dental appointments, because most states maintain a vicious "closed shop" in that profession.

Nation-wide reciprocity would make it possible for dentists to regain those citizenship rights which they lost upon joining the dental profession.

It would make possible the sale of much larger quantities of dental equipment and supplies . . . More dental assistants would find employment. There would be a greater number of dental laboratories and more technicians employed because of expanded facilities needed to accommodate the boom in dentistry when reciprocity is accepted.

There would be less demand for socialized dentistry.

Black-Market Dentistry

Becoming a dentist would appeal to many more young men if they could see better opportunities for public service and self-improvement rather than the loss of their constitutional rights.

(*Continued on page* 1587)

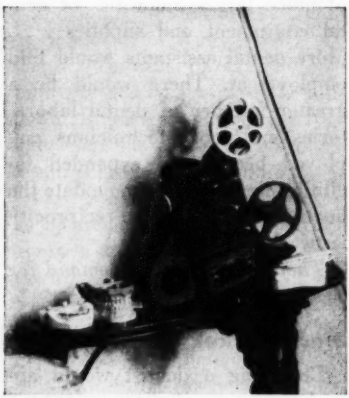
Divert the Attention

Of Your Young Patients

By ALVIN FREDERICK GARDNER, D.D.S.

"MUSIC FOR THE MOLARS" and "movies for the mind" are two of the many diversions which I have instituted with great success in my practice of pedodontics and orthodontics. Providing diversions for the young patients definitely helps to remove the fears and apprehensions encountered and outpoints the dental drill in the minds of our youthful patients.

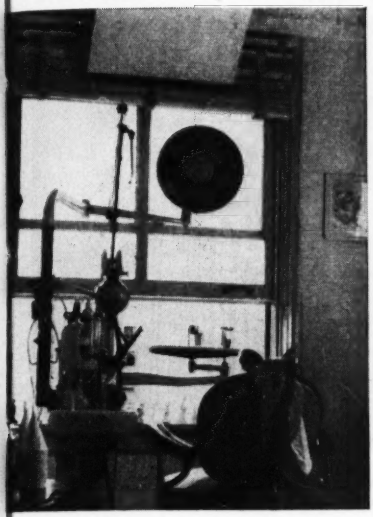
Our young patients, upon entering the operating room, ride in the magic elevator of the dental chair, plug a lightweight headset into their ears, and, while their teeth are prepared, restored, cleaned, extracted, roentgenographed, and while orthodontic appliances are made, tune in on their favorite radio programs and watch Abbott and Costello frolic over a ceiling motion-picture screen.



The motion-picture projector is placed at one side of the main operating room.

The office has been designed with an imaginative realization that attached to every set of teeth is a child and to divert the attention of the stubborn child, thus making it possible to provide thorough dental service for children. The reception room is scaled to juvenile appeal with a swing, a phonograph with disks in a free helter-skelter collection, and piles of fresh comics. Frequently children say "I've read 'em all. I've played 'em all. It's 6 o'clock; I'll go home now."

To divert the youthful dental patient we use magic, a set of black and white magnetic dogs called magic dogs over which youthful patients puzzle. Children always will believe in magic. As a chal-



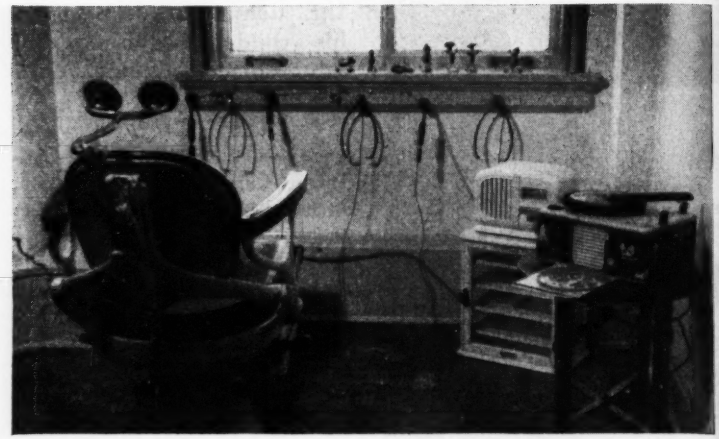
Motion pictures are projected on this screen in the main operating room.

Doctor Gardner's young patients receive an "Oscar" when their treatment is completed.

This dentist's diversions for his child-patients may be adaptable to your dental practice.

lenge, we also have an "I-Can-Take-It Club" with a club button, a membership card, and the pledge: "I will not cry or fuss if I am hurt a little." A prize rewards the child who has received ten good marks after each appointment. We run "Name-This-Character" contests to name an "Oscar," and we receive letters, cards, and telephone calls from excited patients even at bedtime. The last winning entry was "Sniffles." Other "Oscars" are Walt Disney's characters, dwarfs, and elephants. These diversions can be placed in any dental office with complete success.

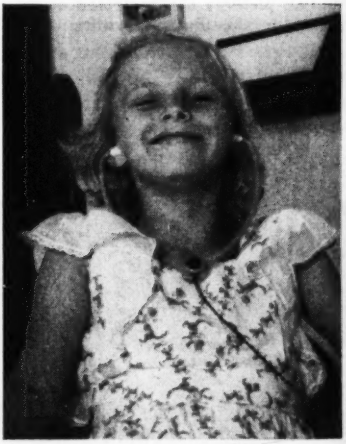
In the operating room, a small, glass-beaded screen 2½ feet by 1½ feet is attached to the ceiling



Headsets make it possible for the young patient to listen to the radio or phonograph while waiting for dental treatment.

above the dental light, directly in front of the chair. It is upon this small screen that "movies" are projected. The "movie" projector is positioned on a small table on one side of the room.

A series of "Oscars" (plaster models of cartoon characters) decorates the dental cabinet. On the wall above the cabinet is a picture of a popular comic character. I have a series of forty rubber molds of dwarfs, elephants, Walt Disney characters which are poured periodically from laboratory plaster of Paris. When all necessary dental treatment is completed, the young patient selects an "Oscar" which he takes home and paints with water colors. These same characters are used in our weekly "Name-This-Character" contest.



This young patient enjoys her favorite radio program during her appointment with Doctor Gardner.

In an auxiliary operating room are three headsets connected to a radio and phonograph. Here chil-

This reception room is furnished for the pleasure of child-patients.

dren listen to programs while waiting for dental treatment to be completed. A similar headset in the main operating room is connected to the same radio and attached to the adapter of the dental light. The children listen to music or programs while operative service is being performed.

At one end of the reception room is a small plastic couch, 12 inches high, with the phonograph beside it. On one side of the room is a safe glider-type swing.

Our efforts are all directed toward the psychology that a visit to the dentist can be almost pleasant if it is almost painless. Perhaps the most solid testimonial to this new dental approach of providing diversion for the young patient is the children's greeting as they walk in saying, "Hello, Mr. Gardner." They have forgotten completely that they are at the dentist's office.

908 *Congress Building*
Miami, Florida

WHEN YOU CHANGE YOUR ADDRESS

WHEN YOU change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

Caries Is A Disease— Treat It As Such

By HAROLD S. JONES, D.D.S.

THERE IS no more cause for dental caries than there is for the common cold. Here is a statement that may seem paradoxical.

Why associate dental decay with the common cold? Both these maladies are the most common diseases of a large portion of our population. Among many primitive tribes it is a significant fact that where colds are absent there is no dental caries.

Dental decay, like the cold, enlarged tonsils, conjunctivitis, pyorrhea, or cancer, is based on a common fact that the patient's general resistance is not what it should be.

We should study the cause of carious teeth and pyorrhea from a general resistance point of view, instead of looking for a missing specific factor. I contend that there is no specific cause, such as lack of fluorine, or the carbohydrate intake, or lack of milk, or even diet alone, that will explain oral tissue destruction. We shall make little progress in preventive dentistry if we continue to look for specific causes. Instead we must study our patients as an entity, not failing to consider extrinsic factors as well as intrinsic ones.

We cannot continue to answer our patients' question: "Why do my teeth decay so badly?" with the old stock answers we have on hand. We have been trying too

Recognition of the constitutional basis for dental caries is necessary for successful treatment.

long with definite answers to fit round pegs into square holes; and the difficulty then arises when the patient's history does not conform to our expectations.

Too often I have lectured to the mother of a child with rampant caries on the value of milk, and the answer was, "She lives on milk."

Again disappointment presents itself when you inform the parents of the value of a low carbohydrate diet, including more vegetables and fruit, as compared to a high one; and the parent remarks that the child has better eating habits than her brother who has excellent teeth.

We are expecting too much when we hope to find a single cause for caries and then to be able to substitute, in pill form, the missing link and have a miracle occur. We have in the past laid aside many of our theories, like calcium phosphate, vitamin D, and others, for they have fallen short of the mark.

Research

I have no intention of belittling past research along specific lines; in fact, these research projects are a great help. They so often prove that the actual project at hand is not the answer. Our researchers have reported recently that the important factors are enzymes, bacterial plaques, ammonia, penicillin, urea, and all the antibiotics. Soon we will be hearing about radioactive isotopes and split atoms in electronic precision as the needed element.

The whole theme of this article is to suggest a doubt about the already known factors when specific theories are advanced. The research projects of the past are as a rule too narrow in their scope of time and number of individuals involved. The margins of mathematic calculations, when small groups are involved, will too often prove, or disprove, that which the researcher has set out to find.

A broader approach to our dental destruction problem is needed; one that is combined with the medical history of the patient. Pregnancy you may say is a normal physiologic function and therefore does not cause caries. Then I ask which of my patients have a normal pregnancy; for so many of them "ain't what they used to be" after the baby arrives.

I am seeking an explanation for patients who have black unrestored teeth. They have had them for years, but they do not decay. This immunity to caries is also evident in most pyorrhetic teeth.

Local factors, such as food packs, may explain where you will find the cavity, but they will not enlighten us as to when it will be found. Again, local factors are ever-changing, and in many mouths there is no decay regardless of the cleanliness of the teeth.

Immunity is a phenomenon that needs explanation. It would be interesting to inquire into its history.

Physical Change

In my study of these immunity cases, as well as the cases that show rampant or free caries, there is a history of some radical physical change. A definite increase in weight of the patient is an observation that accompanies immunity; while a loss of weight is conducive to decay. The beginning of puberty can account for rampant caries; then again during the menopause cervical decay and erosion often occur. Why is it that the broad-chested child has better teeth than the sunken-chested child, or the stout person has less caries and more pyorrhea than the thin one? The asthmatic child, so long as he remains allergic, has great immunity to caries. Bald heads are associated with good teeth. What explanation is there for the sudden appearance of rampant caries in elderly persons who have enjoyed their natural teeth up to the age of 65? Acute illness is usually accompanied by carious teeth; poor teeth often run in families. Why is it a fact that most malpositioned teeth are more resistant to caries? Why does immunity come and go?

All these phenomena cannot be explained by change of diet, or lack of an element, or the spectacular replacement of it. These observations are evident in any practice which has consisted for many years of the same family groups.

Examples of oral destruction do not follow any specific line of thinking; they are so diversified that the problem is evidently a complicated process. There is, however, one common denominator in the question—the patients are ill in health. Dental caries or pyorrhea is either a forerunner or an aftermath of illness. Question any patient needing dental treatment and you will find that the more acute the condition clinically, the more vivid is his history of physical or mental disturbance.

Diet

Let us consider diet. What value is there to a good diet if it is not properly digested? Here you have a problem of the physiology of the individual which is also a complicated study. Until this so-called good diet begins to furnish food value to the patient, the problem is only on "first base," as it were. With this patient on a good diet, vitamins included, and with proper digestion and resulting good nourishment, the so-called anabolism, or the building-up process, follows.

Let us now consider the catabolic or the using-up energy quotient of our patient. If the constitution of this patient is of such a nature that he is subjected to continuous psychologic stresses, and his energies are needlessly dissipated, we then have a sick person on our hands. The net gain of a good diet in such a case is not

forthcoming, and in this person you can expect colds, carious teeth, and nervousness.

The average busy dentist does not have the time nor the interest to study his patients from a biologic point of view; this is possibly as it should be. Then what will we do about dental caries in our office?

We should keep in mind that dental caries represents a degree of sickness, and that it will always be incorrect to point out one particular factor and say that this is the cause of the dental lesion in any particular case.

Since the common cold has no specific cause, we agree that general resistance has been lowered. We must also recognize a constitutional basis on which the strains and stresses of modern life begin to act; grossly depleting our bodies of minerals. Consequently we have another common disease known as dental caries.

Constitutional Change

The clinical pictures presented by our patients from time to time are so diversified that they bewilder our minds despite our known specific causes. Unless we recognize a constitutional basis for the difference, the whole matter is in chaos. To visualize a constitutional change in the patient, and then substantiate the facts which indirectly affected the individual, explain so much that is otherwise impossible of explanation.

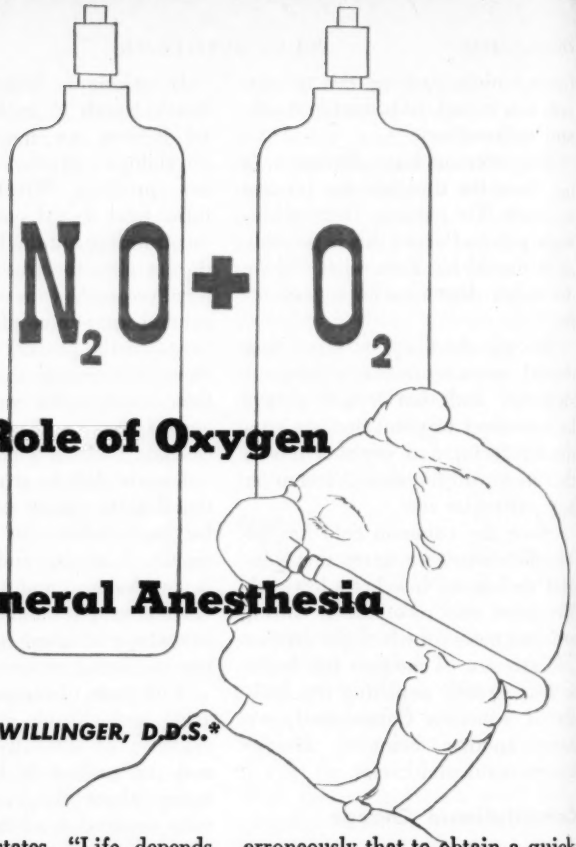
In seeking the history of our patient's health to explain the dental lesions, we may uncover a physiologic, psychologic, or dietary problem. Treatment along these lines is, of course, beyond our training, but the facts involved do not alter the truth of the matter. Personally I do not fail to ask general questions of all my patients, or the parents of the young ones, concerning their health. I then discuss a few pertinent points and as soon as possible suggest a checkup by their physician.

I never fail to stress the point that I alone cannot be responsible for the condition of the patient's mouth. I repair and replace all dental lesions, and then suggest, "See your physician and get the advantage of good health to sustain my dental service."

With cases of rampant caries, or acute and chronic pyorrhea, the evidence of difficulty is obvious and the patient is beginning to worry about the condition; the mere suggestion of the possibility of a constitutional factor is accepted willingly by him. These patients usually appreciate the discussion and do something about it.

Unless we recognize a constitutional basis for oral destruction, seek the facts, suggest the possible remedy by physical and mental good health, we will continue to be artisans.

1121 *Walnut Street*
Allentown, Pennsylvania



The Role of Oxygen In General Anesthesia

By LOUIS WILLINGER, D.D.S.*

McKesson states, "Life depends upon oxidation much as a fire in a stove depends upon oxygen."

It is definitely unwise to induce general anesthesia in the dental office with little or no oxygen. By doing so one invites a state of asphyxia which may result in a fatality. Why endanger a patient's life?

Many dental anesthetists believe erroneously that to obtain a quick induction it is necessary to begin and continue for at least a short time the administration of nitrous oxide without any oxygen. The longer this so-called short time lasts with no or insufficient oxygen, the smaller is the margin of safety. The absence or lack of oxygen increases the risk. These patients often slide into a narcotic state rapidly. Though oxygen is then added to the nitrous oxide in order to ob-

*Doctor Willinger is Visiting Oral Surgeon in charge of the Oral Surgery Clinic, Lebanon Hospital, New York.

This information may help you to improve your technique in administering a general anesthetic.

tain a proper balance, it now becomes increasingly difficult to control and maintain a desired, smooth anesthesia. A careful checkup of all involved factors leads one to attribute this difficulty to lack of oxygen during the induction period. Insufficient oxygen decreases metabolism. This results in lowered blood pressure and diminished cardiac output which are not infrequently accompanied by respiratory distress. Such danger signs can appear in rapid succession and may place the patient in a precarious state. Occasionally the symptoms are not easily recognized, especially in the anemic patient, though danger is eminent. Jactitation and muscular relaxation may be but slight in character with respiration slow and shallow and only slight change in the patient's color.

The much safer approach is to start with at least 15 per cent oxygen. When anesthesia ensues the oxygen should be gradually increased from 20 to 30 per cent and even more; provided a level anesthesia can be maintained. The tendency of many dental practitioners who administer nitrous oxide-oxygen is to restrict oxygen. When the habit of using as large a percentage of oxygen as possible is formed, one will find the entire anesthesia procedure extremely gratifying. The risk involved is diminished, the maintenance stage is smooth, and the patient's recovery rapid with seldom any nausea or vomiting. Of course it should be understood that all necessary precautionary measures must be taken before starting the administration of any general anesthetic.

The addition of vinethene (a vinyl ether-divinyl oxide) to nitrous oxide has provided the dentist with an exceptionally fine synergetic agent. Vinethene, similar to ether in potency, is quite compatible with nitrous oxide and ideal for dental office use. Nitrous oxide-oxygen in combination with vinethene enables the dentist to start his anesthesia with 20 to 25 or even 30 per cent oxygen. Within the remarkably short time of one minute or a minute and thirty seconds the patient glides into a desirable plane of anesthesia without any noticeable excitement. The greatly increased quality of oxygen, which vinethene makes possible, maintains the patient satisfactorily anesthetized with comparative ease and safety. With synergetic nitrous oxide-oxygen and vinethene anesthesia, the patient recovers in about two to two and one-half minutes. Without vinethene recovery is generally more rapid.

Best results can be obtained by the dental anesthetist if the following factors are carefully adhered to:

1. A free airway, unencumbered by mucous, blood, or saliva, must be maintained at all times. A mucous pocket lodged in the throat embarrasses respiration to a point whereby quick action may be required to clear the air passage in order to re-establish normal respiration.

2. As large a percentage of oxygen as possible should be used from the beginning and during the entire period of anesthesia, and when the dental operation is completed the lungs should be flushed with 100 per cent oxygen.

3. It is well to limit dental operations to a period not much longer than fifteen minutes. If, because of the nature of the operation, more time is required, procaine can be used for its completion. One will find that most patients are extremely pleased with this procedure because during the process of injection they are oblivious to any discomfort or pain which a procedure of this character usually entails. The extraction of five or six teeth at one time may take but a few minutes but an alveolectomy with suturing as a rule requires twenty minutes to one-half hour and sometimes more. Since patients must leave dental offices under their own locomotion in a reasonably good physical condition, the administration of a local anesthetic in conjunction with the general anesthesia has proved acceptable to all concerned and may be considered good technique.

A satisfactory and safe method of administering nitrous oxide in combination with vinethene is as follows: The patient prepared preoperatively is seated in the dental chair which is tilted back at a 30° angle. The dials are turned to a two and one-half gallon pressure flow and 25 per cent oxygen. The lever is then moved to mixture; the mouth prop is placed in position. The nasal inhaler and mouth mask are then gently adjusted. Vinethene is permitted to drop from the vaporizer at the rate of about sixty drops to the minute. Symptoms of anesthesia appear in about one minute or a minute and a quarter. If the operation is expected to last only a few minutes, the vinethene at this time may be discontinued. Longer operations require the continuance of vinethene with an added percentage of oxygen. When such is the case the volume of nitrous oxide may be reduced from two and one-half gallons to one and one-half gallons.

It must be emphasized that the safety of nitrous oxide-oxygen anesthesia depends upon the supply to the system of a sufficient quantity of oxygen. The addition of vinethene makes this possible. Since life depends upon oxidation, the greater the percentage of oxygen the greater is the safety in the use of nitrous oxide as an anesthetic agent.

355 *East* 149*th Street*
New York 55, *New York*

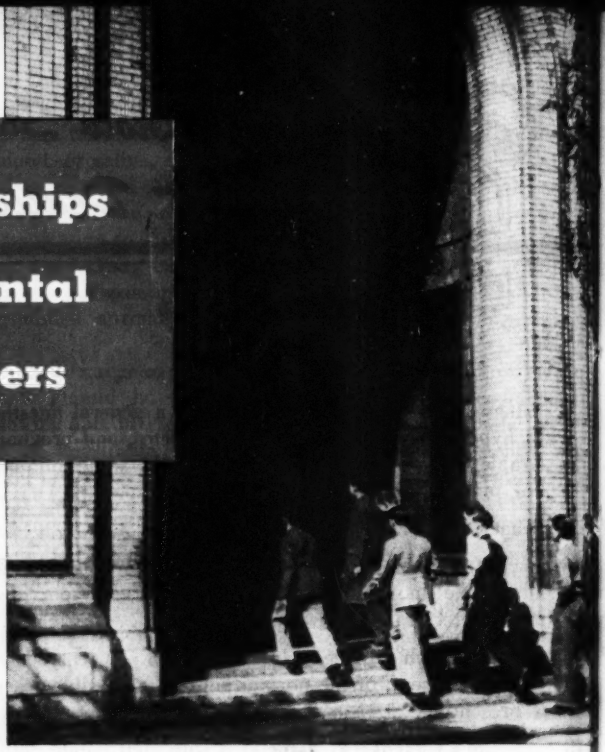
So You Know Something About Dentistry!

QUIZ XLIX

1. When using nitrous oxide-oxygen as a general anesthetic in cases of hypertension, cardiac lesions, diabetes, and pregnancy, it is desirable to give (a) less oxygen, (b) the same amount of oxygen, (c) more oxygen, than in normal cases. .....
2. What is the DMF index? .....
3. Caries reduction in children resulting from water containing naturally borne fluorides is most marked in (a) upper posteriors, (b) upper anteriors, (c) lower posteriors. .....
4. A patient with a bridge can exert (a) 5 per cent, (b) 20 per cent, (c) 35 per cent, of the normal poundage possible on normal teeth, if present. .....
5. Stillman's Cleft is (a) associated with cleft palate deformities, (b) a slit which sometimes appears in the labial mucosa of a tooth being traumatized, (c) a fracture of the upper vulcanite denture, (d) an anatomic defect. .....
6. Do the denture adherent powders have any therapeutic value? .....
7. True or false? Gingival tissues are so poorly supplied with pain nerve endings that they do not ordinarily give rise to pain of any serious intensity. .....
8. A lack of roentgenographic density may result from (a) underdevelopment, (b) underexposure, (c) misplacement of the packet in the mouth .....
9. Amalgam has (a) a greater, (b) the same, (c) a lesser, coefficient of expansion than the structure in which it is placed. .....
10. What bones form the hard palate? ... .

FOR CORRECT ANSWERS SEE PAGE 1594

Scholarships For Dental Teachers



By JOHN W. COOKE, D.M.D.

NEARLY EVERYONE would like to teach. Some wish to because of the authority they exercise. Some are attracted by what appear to be short hours and usually a long vacation period. Some hope to complete a life span of career activity in the company of other educated people, and to retire on the proceeds of a fund; partly contributed by themselves somewhat like endowment insurance. A few achieve satisfying distinction in the hearts of their pupils. The majority go through the motions. *None*, today, has any hope of a secure dollar-value income, or a dollar-value retirement. Like clergymen, you buy teachers cheaply. This may be one reason that there are too few good ones.

An "off-horse" in the teaching field is the person who spends time with dental students. The *career* value of such an occupation is too low despite the existence now of some endowment structures where recently there were none. Before the current inadequate endowments, dental teaching staffs were

recruited from clinicians in private practice, supplemented by small numbers of poorly paid but important full-time men. This was not a wholly satisfactory situation, although trading titles and prominence for service was then within the scope of the dental schools which employed such a system.

Since 1945 the *brave new American* world has been education minded. Consider the total enrollments in universities and colleges.

They have increased tremendously, and more students are to come. More young students, apparently properly accredited, wish to become dentists than ever before. These students, when graduated, will be absorbed in whatever health-care structure may then be in vogue, and will rise or fall, rapidly or slowly, depending *less* on themselves than on the scope and quality of the *teaching* they have had.

Dental Fees

This is written with understanding and sympathy for the teacher in dentistry as well as for the student. The dental student is superior to his counterpart of twenty-five years ago. He must offer more, and more is expected of him. Despite a so-called *seller's market* in dentistry, the future is not all roses. Current income tax reductions are temporary, and the operating costs of any dental practice are problems of serious and long-range concern. While fees in dentistry are not higher than other consumer services, the buyer's dollar will stretch only so far. So will the dentist's income.

A stop-gap procedure would seem to be more dentistry production for more people at smaller unit fees. This would be difficult for dentists; most of them are already overworked. It also would be difficult for the dental educational system that has done little to consider the economics (or accounting) in dental service. It would be hard on the teacher in dentistry who is existing in a social pattern that is changing too rapidly for his resources and his income.

On the whole, dental patients, barring visible but rare shoppers, seek out a satisfactory dentist and stay with him. Age, unwise fee schedules, and slipshod service account for most changes from dentist to dentist. Less frequent causes are grass in your neighbor's yard, changes in location, and upheavals in domestic budgets. The trend, therefore, is greatly in the direction of a *low* patient turnover and toward a lifetime permanence in dentist-patient relationships. A similar situation should exist in dental schools. Possibly the fiction picture of Mr. Chips was an emotional one, but the old school tie is a sound tradition and is perpetuated by teachers and not by buildings.

The indications are that there will be more clinical dental teaching rather than less. And in dental schools too. *No* teaching hospital is at present in any position to take on any more red ink. Gone is the happy forecast of 1939 of full-time teachers, adequately paid. A big-league war, with dislocation of schedules, and the cost spiral have taken care of that. Also, and in a period of extravagant prices, considerable equipment has been added or renewed, and this has taken money, real money. The fiscal situation of today's dental school is not a pleasant one. If there is any relief in the future, it is not at present apparent.

It is easy to be critical. Too easy. The United States is a Nation of critics. We condemn government, but do not change it. We wrangle about international relations and are extremely slow to move ahead. We snipe at education in dentistry, occasionally forgetting that dental educators are staying awake nights praying for light.

Dental Instructors

There is, however, an escape; a constructive one. There is needed in dentistry an adequate supply of clinical teachers, quite probably recruited from private practice, and paid, as of yesterday, in title and prominence. There is needed a continuing supply of career teachers, clinical and investigative, or both in one, to shape policies and to organize and administer the activities of their part-time clinical subordinates. There is needed a provisional period of training for junior teaching and research fellows so that the best may be retained and encouraged in a career in *one* place. And there is needed a revaluation of *pay* for career teachers to remove discouragement and frustration, and to create security and permanence. Fewer drifters and more Mr. Chips.

This objective is not impossible. It may be necessary to defer building additions and the purchase of new equipment. But, despite alumni impressions, education is *not* a building program, not a stadium, not (in dentistry) chromium and ivory enamel.

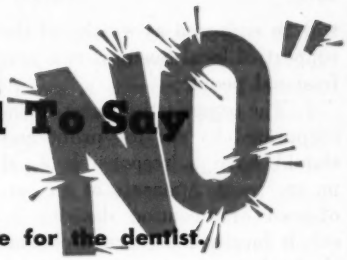
Education is the *teacher.* Take care of him.

60 *Charlesgate West*
Boston 15, *Massachusetts*

THE COVER

OUR COVER is dedicated to the eighth annual Mid-Continent Dental Congress which meets in St. Louis, Missouri, November 21-24. The photo is an aerial view of downtown St. Louis. The Kiel Auditorium is in the foreground.

Don't Be Afraid To Say "NO"



A solicitation guide for the dentist.

By ***FLORENCE E. BILLER, B.A.***

EVERY DENTIST has many solicitors stop at his office. Some ask for donations or support for worth-while causes; others represent worthless projects if not actual "rackets." Do you give to both with equal generosity, or are you one of the few professional people who select the valuable causes from among the many for which you receive appeals? If you will adopt a practical set of standards on which your dental office may operate with regard to solicitations you will save yourself considerable money and have the satisfaction of knowing that your support is wisely given.

In communities where there are organized business and professional groups such as chambers of commerce, a special committee may be appointed by the organization to investigate all appeals made to local business and professional people, and to inform its members which appeals are worth while and which they do not think should be supported by members. Such an organization usually provides solicitors representing worth-while projects with its approval card. This does not obligate the person being solicited to give but assures him that the solicitor's project has been investigated carefully and approved.

If you do not have access to such a service, you will find the recommendations of the Sanctions Committee of the Illinois Commercial Secretaries Association, upon which many local programs are based, and the recommendations of the Public Solicitations Committee of the Evanston, Illinois, Chamber of Commerce a sound basis as a guide which you yourself may follow in answering many appeals. These recommendations do not apply to the annual membership and fund campaigns held regularly by local community organizations such as Red Cross chapters and the Community Chest.

The Evanston Committee on Public Solicitations has established the following standards, as set forth in its Public Solicitations Policy pamphlet, which must be met by an organization before it

will be endorsed as worthy of the support of local business and professional people:

1. The organization must be incorporated as not for profit and should have a responsible local management. Sponsors of an out-of-town organization desiring to solicit locally must prove conclusively that there is substantial interest in and benefit from its activities on the part of local citizens.

2. The accounts must be audited annually by public accountants and the audit reports made public upon request.

3. The organization must maintain sufficient and competent staff and conduct its program in accordance with recognized standards of work.

4. The organization must be large enough and its work important enough to justify a general appeal to the community.

5. The organization must agree to cooperate with other agencies in promoting efficiency and economy of administration in the social and civic welfare of the city and in preventing duplication of effort.

6. The organization must fill a need not already well filled by an existing agency.

7. Organizations employing solicitors on a commission basis, using the "remit or return" ticket-selling method with a general mailing list, conducting lotteries, or making requests which suggest a "racket" or are accompanied by threats, are not endorsed. Solicit-

TEN RULES FOR THE WISE CONTRIBUTOR

1. DON'T make checks payable to a solicitor. Get the name and address of the organization's treasurer and mail the check.
2. DON'T rely entirely on credentials or a list of subscribers. Lists may lie.
3. DON'T believe everything the solicitor says just because he or she makes a good impression.
4. DON'T contribute or buy just because you recognize the name of the organization.
5. DON'T lend your name to anything without first learning the facts.
6. DON'T sign for anything unless you know all the facts.
7. DON'T contribute or buy just to get rid of a solicitor.
8. DON'T sign subscription lists. They may not be honest.
9. DON'T agree over the telephone to give any contributions or to purchase tickets.
10. DON'T be afraid to say "NO."

ing for a local project by professional promoters often indicates that the local project will receive only a small percentage of the receipts. The Committee will refuse to continue endorsement of an agency when the expenses of an entertainment are disproportionate to the receipts. It believes money should be raised in the least expensive way possible.

8. The pyramiding of endowments or the continuous raising of more money than is needed, is not encouraged. An agency should make current use of its current income for the purposes for which it is given.

The following types of requests usually can be considered worthy of your support:

1. Requests of a humanitarian nature not limited to a special group of beneficiaries as a class. Appeals for support for a particular group whose funds are self-beneficial should be made only to members of the group.

2. Requests for the general civic or social welfare wherein the handling of money is open to public examination.

3. Appeals from any group which serves the people of the community without regard to their affiliation with it, provided the purpose and use of funds is clear and is not self-beneficial.

4. Any collection wherein the contributors receive appreciable and direct benefits themselves.

5. Requests for outright donations in preference to devious schemes of chances or subterfuge. When something is being sold to support a cause, it usually indicates that only a small part of the money is going to the cause which you believe you are supporting. Therefore, if you are buying merchandise or tickets, it is wise to buy them only on the basis of actual commercial value. The practice of selling tickets in blocks or books should not be encouraged.

The Illinois Commercial Secretaries Association recommends that solicitations should not be made if:

1. The funds to be raised are not for a worthy cause.

2. The project is to be managed by an outside promoter, whether under local auspices or not.

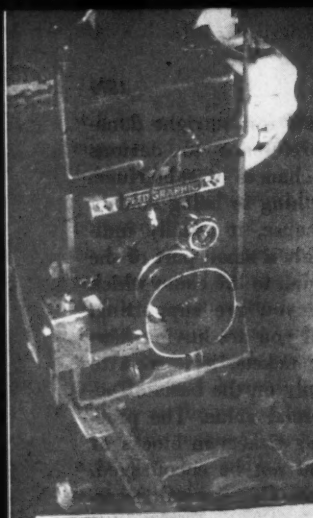
3. Only a small select group will participate in the benefits.

4. The requests made are unreasonable.

5. The sponsoring organization receives too small a percentage of the total funds to be raised.

6. Solicitations for tickets and donations are made over the telephone by strangers.

You can be a good judge of the value of the requests you receive only by familiarizing yourself with the civic and welfare activities of your community. Your donations will be of greatest value when given for unmet needs to aid the community as a whole.



Portraits and Profiles

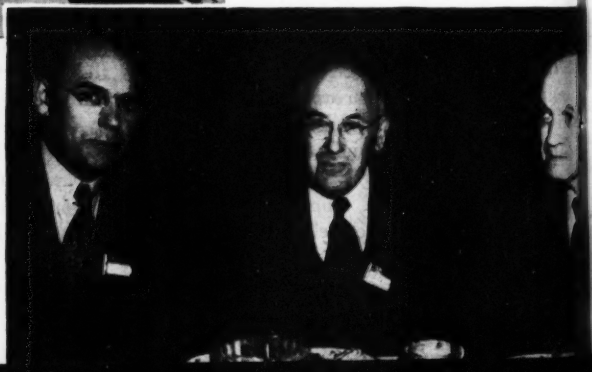
OF AMERICAN DENTISTS

By HOWARD A. HARTMAN, D.D.S.

Left: Philip E. Adams (left), Secretary of the Massachusetts State Dental Society, with C. E. Peterson, of Rockville, Connecticut.

★

Below: Past-Presidents of the District of Columbia Dental Society (left to right): B. Edwin Erikson, Henry C. Young, and A. D. Weakley.



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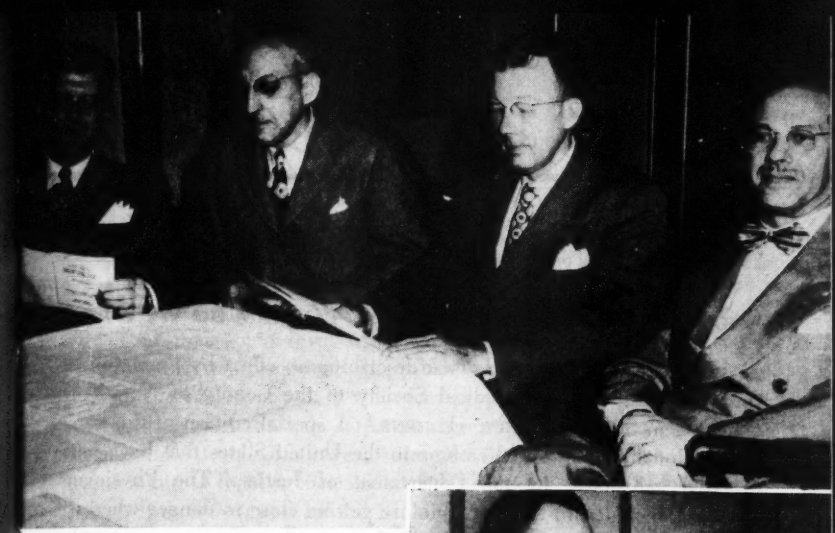
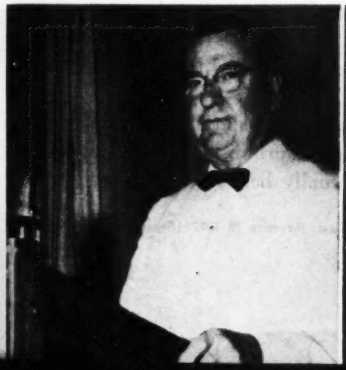


Above: 1948-1949 officers of the Connecticut State Dental Society are (left to right): Earl S. Arnold, of West Hartford, Secretary-Treasurer; Leon C. Monks, of New Haven, Vice-President; Henry T. Quinn, of Greenwich, President; Louis R. Siegal, of Hartford, President-Elect.

Right: L. W. Richardson (left), and Rowe Smith, of Texarkana, attend Texas State Dental Society meeting.

Below: Charles E. Butler, President of the Texas State Dental Society, delivers the address of welcome at the Society's annual meeting in Fort Worth.



Below: Glover Johns (left), of the Texas State Department of Health, Austin, with Oscar G. Skelton, at the annual meeting of the Texas State Dental Society.

Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

WHAT KIND OF NATIONAL HEALTH PROGRAM DO WE WANT?

A SHORT item from *Counterattack* describing an effort by Communistic forces to take over the Medical Society of the County of New York appeared in September ORAL HYGIENE.[1] A special edition of this same publication lists 219 organizations in the United States that have been declared subversive by the Department of Justice. The Physicians Forum is included in that list. We are getting close to danger when we find a medical organization identified as a subversive agency by the federal government.

Testimony before Congressional committees has shown that there are spies and Communist agents working throughout the United States. Not many of them wear whiskers and carry a bomb. A good many of them are native born, of pure Northern European stock, with degrees from some of our best and oldest universities. We have engendered within our own country and from our own people a group who would overthrow the government by violence. We can expect to find some dentists and some physicians in this group.

Many innocent people have been drawn under the Communistic influence. Many good people who have suffered discrimination, social and economic boycott, have been promised that their lot would be improved if they embraced a different kind of government in the United States. These people have accepted the teachings of Communism unwittingly and are not aware of the deception. Front organizations often appear innocent, philanthropic, and altruistic. The people who join them may never realize that they have become the tools of sinister and subversive forces.

In these weeks immediately before the presidential election, we may expect violent accusations and extravagant promises to be made by all the candidates. The Russians may actually believe that we are a dis-

[1] Communists Try to Take Over a Medical Society, ORAL HYGIENE 38:1377 (September) 1948.

united Nation and that we mean all the fierce things that we are saying about one another. They forget that we are a competitive rather than a regimented people and that we have competition at every level—in business, in sports, in politics.

Among the subjects that will be discussed by the presidential candidates we may expect to hear some mention of a federal health program. We should be prepared to analyze the different points of view and separate the bunk from the facts. All candidates will likely be in agreement that some form of national health program is indicated. Three distinct philosophies will probably be presented:

First, the philosophy of a voluntary system wherein people by their own volition and through direct contributions pay into a private insurance fund for health care. As a part of this system there may be grants-in-aid to local agencies from federal funds. Under such a system there will be no over-all federal health program.

The second philosophy embodies an enlargement of the compulsory features of the Social Security laws wherein people will be compelled to contribute to an insurance fund. Along with the compulsory health insurance feature we may expect under this philosophy to see the federal government subsidize research and the education of professional personnel.

The third philosophy will be pure Marxian—free and complete health care for everybody without compulsory payroll deductions and without direct contributions of any kind. Under this system all dentists and physicians would be employees of the State and all teaching institutions and hospitals would be owned by the State. Many good citizens who are not Communists and many honorable dentists and physicians will be fooled by these promises and will not be aware that they represent undiluted Communism.

Some day we will have a federal health program that will encompass all our citizens; that will be strongly supported by adequate funds; that will preserve and protect the best interests and values in personal practice. But let's have it under the democratic, constitutional system rather than under Communism.

Edward J. Ryan

Dentists in the News

Portland (*Oregon*) *Oregonian*: "I don't know which has been more fun, being young and earning the money or being 92 and giving it away," says Doctor Edward C. Kilbourne, retired Seattle, Washington, dentist. "I guess I enjoyed both equally."

Recently Doctor Kilbourne sent the United World Federalists a check for $7.50. This letter accompanied the check: "Being 92½ years of age I do not pledge myself ahead of time. I enclose check for $7.50 for 1948. If I have anything left next year you may get another check. I have given away all my capital savings and what I make from month to month I am likewise distributing." He reports that his only income is from annuities.

Doctor Kilbourne recently estimated that he had given away $150,000 to $200,000 in small sums, mostly to charities, religious organizations, and relatives. He first learned how much fun it was to give away money when he solicited contributions for a Y.M.C.A. building in 1886, three years after he started to practice dentistry in Seattle. He has been doing it ever since.

New Haven (*Connecticut*) *Register*: At "Loebridge," the Bethany, Connecticut, farm of Doctor and Mrs. Morton J. Loeb, about forty ewes and rams were clipped during this year's shearing season by Fred K. Yake, custom-shearer. Doctor Loeb, a dentist of New Haven, Connecticut, then weighed the fleece and the yield was recorded for each sheep.

The fleece removed from the "Loebridge" sheep is sent to Boston to the New England Wool Growers Pool. On a per-pound basis, Doctor and Mrs. Loeb get back about twenty-five pure-wool blankets each year from one of

the nationally known blanket manufacturers. Under the wool pool setup, wool growers may either sell their wool for cash or exchange it for blankets.

When Doctor and Mrs. Loeb built a new home in Bethany a few years ago, they decided they would like to have a few sheep around the place. This was the beginning of their sheep raising which has resulted in one of Connecticut's model Shropshire flocks; a collection of pure-bloods obtained from outstanding breeding farms in this country and Canada.

"We are interested in breeding and selling sheep as foundation stock," Doctor Loeb states, "and we've set ourselves up here to follow the most scientific methods as they develop. We use rotating pastures, carefully regulated diet, precise breeding procedures and records, preventive measures against the many diseases that sheep are susceptible to, and attempt to set the highest possible standards. We have the satisfaction

now of having one of New England's outstanding sheep farms." Both Doctor and Mrs. Loeb find that sheep are not hard to raise but that they require trained attention at all times.

Newsweek: Two years ago everyone in show business thought that singer Jerry Wayne was through. Now, however, as a result of one recording he has a Columbia Records contract, a radio show on CBS, stints at the Versailles Club and Roxy Theater in New York, a string of cross-country night-club shows at $2,500 a week, and theater dates at $3,500 a week, with other appearances still being arranged.

About eight months ago, Wayne's voice was dubbed in over an organ recording. The song was a new version of an old German waltz called "You Can't Be True, Dear." Since the song was published, more than 400,000 copies of sheet music have been sold. Sixteen recordings are now available with sales totaling more than 2,000,000. Wayne's recording alone is responsible for 1,500,000.

"I practically decided to give up show business," Wayne admitted recently, "until that record came along. Years ago I studied to be a dentist and that's what I was going back to."

Quincy (Massachusetts) Patriot Ledger: Six Naval Reserve dental officers were among the veterans of World War II who received campaign medals recently during a ceremony at the Navy Building in Boston. The presentations were made by Rear Admiral M. L. Deyo, USN, Commandant of the First Naval District.

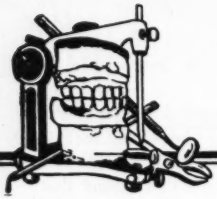
The dental officers were Lieutenant Commander Leonard N. Donsato, USNR; Lieutenant (j.g.) Sidney W. Rappaport, USNR; Lieutenant George B. Donohue, USNR; Lieutenant Claude W. Thompson, USNR; Lieutenant Clarence E. Ludlow, USNR; and Lieutenant Commander Henry B. Andrews, USNR.

This month's awards for items published in DENTISTS IN THE NEWS have been sent to the following:

L. E. YOUNG, 96 Wall Street, New Haven, Connecticut.
HELEN HALBERT, 1122 Market Street, Emporia, Kansas.
ELMA M. GARD, 801 N. E. Alberta Street, Portland 11, Oregon.
LUCY R. A. MACKERTICH, 32 Hollis Street, South Weymouth 90, Massachusetts.
ESTHER S. MANZ, 1448 East Seeley Street, Milwaukee 7, Wisconsin.

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



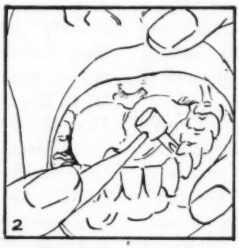
Technique of the Month

Conducted by W. EARLE CRAIG, D.D.S.

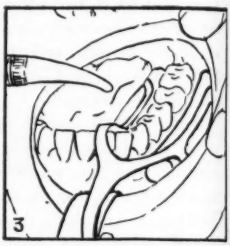
Drawings by Dorothy Sterling

Application of Sodium Fluoride

Give patient a thorough prophylaxis.



Further cleanse the teeth by the use of a porte polisher and dental floss.



Isolate one section of the mouth at a time by using cotton rolls. Use cotton pledgets and air to dry the teeth thoroughly.

Use a 2% solution of sodium fluoride.

Apply to the teeth and allow to dry naturally without the use of compressed air. Repeat in other sections of the mouth.

Repeat treatment at intervals of one week until four applications have been made. Tests show that four treatments reduce the caries rate 40%.

DENTAL LICENSING VERSUS DEMOCRACY

(*Continued from page* 1561)

It would eliminate "black-market" dentistry where people go to laboratory men who are not qualified dentists to have dentures fitted.

It would eliminate discrimination against either dentistry as compared to the other health professions or against minority groups and "out-of-staters."

The dental licensing laws are a flagrant abuse of American ideals, even though those responsible hide behind a frock of legality.

No program for the dental health needs of our Nation can possibly succeed without establishment of nation-wide reciprocity in dentistry. This would minimize political domination of the profession, and people residing in areas where there is a shortage of dentists would benefit by better service and reduced fees, which too many state boards strive to avoid.

Dentists can rightfully feel they are penalized for having gone into their profession.

In this, as in all other instances of the roughshod prevalence of special privilege to a favored few, the public pays—in money, and in health.

BION R. EAST BECOMES CHIEF OF V. A. DENTAL SERVICE

THE APPOINTMENT of Doctor Bion R. East as Chief of Veterans Administration Dental Service was announced recently by Doctor Paul B. Magnuson, V. A. Medical Director. Columbia University, New York City, with which Doctor East has been associated since 1938, has granted him an indefinite leave of absence to accept the position with the Veterans Administration.

Doctor East served with the U. S. Army Dental Corps during World War I, and was a consultant to the Veterans Administration in Michigan from 1919 to 1921. He also has served with the U. S. Public Health Service.

At the time of his appointment as Chief of the V. A. Dental Service, he was Associate Dean of the Faculty of Medicine, Executive Officer of the Department of Dentistry, Professor of Dentistry, and Chairman of the University Committee on Dental Education at Columbia University.

Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Burning Sensation

Q.—I have a denture patient who has a mouth condition for which I cannot find a solution.

She has worn a lower partial denture of rubber for years with no discomfort. A few years ago she had her upper teeth extracted and an acrylic denture inserted within a few days. Within a week's time she developed a burning sensation on her palate and tongue. She has had three different dentists make her a new denture, but the condition occurs each time.

She came to me with her difficulty, and I agreed to try to help her find some comfort in the use of an upper denture. I made a thin base of acrylic and cooked it eight hours to eliminate any acids, thinking that might be the cause of her condition. But after she had worn the denture, the sensation of burning came back though not as quickly nor as severely.

If you have any suggestions, I shall appreciate receiving them.—D. S. B., Montana.

A.—Usually when a partial lower denture has been worn for many years, the posterior saddles have settled and often the anterior natural teeth have elongated so that it is impossible to fit a full upper denture with occlusal stress centered as it should be on the posterior instead of the anterior teeth.

Too much stress on the anterior ridge or in the region of the anterior palatine canal can cause a burning sensation. Other possible causes of burning sensation in the mouth are: nerve impingement by scar tissue, nerve irritation because of the habitual use of some drug or drugs, a residual area of infection in the bone, allergy or protein susceptibility or the use of too strong mouthwashes or dentifrices, anemia, galvanic action between two or more different metals in the mouth, or pressure by the condyle upon the chorda tympani or auriculotemporal nerve or both because of an abnormal or closed bite.

If you eliminate all of these as possible causative factors, you might try switching from acrylic to vulcanite as a denture base.—V. Clyde Smedley.

Vincent's Infection

Q.—What is a good treatment for Vincent's infection?

What do you think of penicillin troches? How should they be used? Should children be given a lesser amount than is given to adults?—V. B. J., Minnesota.

A.—We are having excellent results in the treatment of acute Vincent's infection in the following manner: At the first visit we give an intramuscular injection of 100,000 units of a saline solution of penicillin. Because of the acute

inflammatory and ulcerative condition, the patient has been unable to brush the teeth; we, therefore, spray the mouth thoroughly with a 50 per cent solution of H_2O_2. At this same sitting we prescribe twenty-four 5,000-unit penicillin troches. We have the patient slowly dissolve these troches in the mouth, one every two or three hours, during the waking hours. When the patient returns in two days, we usually find that the sloughs have disappeared and the mouth is comfortable.

We then give a thorough prophylactic treatment, and usually a second treatment a few days later when we find little evidence of the former condition. At this sitting we give tooth-brushing instructions and tell the patient that a clean, healthy mouth is the best protection against another attack of Vincent's infection.

We have not had occasion to treat a child since we have been using penicillin, but I can see no reason why a child should not have the same course of treatment with the usual diminution of dosage according to age.—GEORGE R. WARNER.

Dilantin Sodium Therapy

Q.—A patient, aged 32, presented herself to me a year ago for some routine operative treatment. Her gingivae appeared normal and healthy, but her posterior teeth, upper and lower, appeared not to have erupted fully. The teeth were widely spaced but the molars particularly seemed to be only partly erupted. I spoke of this several times, but the patient made no comments.

Recently she returned stating that there is occasional pain in her gingivae. She reported that the teeth in question seem to be sinking further into her jaw. In the case of two of the molars, only the occlusal surfaces are visible, and that is partly covered in one instance. Otherwise the gingival tissue still presents, to my mind, a normal, healthy appearance. It does not look like hypertrophied tissue, though that is what it must be.

She says her physician tells her it is caused by the dilantin that she is taking. I am completely unfamiliar with this condition. Could you tell me the possible etiology and treatment, if any? If there is no treatment, what is the prognosis?—R. L. S., Pennsylvania.

A.—Dilantin sodium therapy is likely to cause a hypertrophy of the gingivae and it is generally considered that the only curative treatment is the discontinuance of the use of the dilantin sodium. However, one of our correspondents wrote us that he had good results in reducing the dilantin sodium hypertrophy by the application of zinc chloride.

There is nothing to be seen in the roentgenograms enclosed with your letter to indicate a depression of any of the teeth; in fact, the left maxillary second molar is extruded because of loss of occlusion. The spaces between the teeth seem to be caused by the loss of teeth. So, I suspect the patient's physician is right in assuming that the condition is dilantin sodium hypertrophy.—GEORGE R. WARNER.

Salty Taste

Q.—Will you please tell me why a patient should complain about a salty taste in the lower jaw after wearing acrylic dentures for a month?

The saliva is thick, the patient does not complain of any pressure on the gingivae, and there is no swelling along the periphery. The lower denture fits well and I hesitate to do any cutting on the periphery.—S. N. R., Connecticut.

A.—A salty taste in the mouth is usually a transitory thing. It

does not indicate any pathology or anything about which to be concerned.

Excessive thickness of the saliva can be corrected through a regulation of the diet. Have the patient refrain from all carbohydrate foods (starch and sugar) for a few days or until the saliva is satisfactorily fluid. After this the intake of carbohydrate food can be regulated at a level to maintain the proper condition of the saliva.—V. CLYDE SMEDLEY.

Solution Stains

Q.—Will you please send me information on how to remove x-ray solution stains from white uniforms?—V. B. K., Ohio.

A.—We are not sure of the type of stains to which you refer. We have been experimenting with our developer solution and have not been successful in noticeably staining white cloth. However, we change our developer frequently so there is not much free silver in it.

Stains from silver can be eliminated by first reducing with iodine and then wetting thoroughly with hyposulphite of soda, the fixing solution for your roentgenograms.—GEORGE R. WARNER.

Gingival Caries and Cankers

Q.—Please let me know what I can apply safely to dentine to relieve the pain in the gingival area in preparation for restorations. I have used silver nitrate on occlusal surfaces of teeth, but I have always hesitated to use it in gingival areas.

Is it safe to use a 10 per cent solution of chromic acid in the treatment of cankers?—F. L. G., Illinois.

A.—Doctor Gottlieb's formula of zinc chloride and potassium ferrocyanide will safely desensitize cavities preparatory to restoring.

Yes, it is entirely safe to use a 10 per cent chromic acid in the treatment of cankers; however, I think you will find a saturated solution of trichloracetic acid more effective.—GEORGE R. WARNER.

Pumice Erosion

Q.—Have you any statistics available on the rate of erosion of sound enamel when polished with fine pumice and a rubber cup? Also, when polished with a toothbrush? In the latter case, is it the pumice or the bristles of the brush which cause the erosion?

I have seen considerable erosion of the root surfaces of teeth which I have been able to trace to improper brushing by the patient. However, I have had a number of patients come to me who have been told by *dentists* that they should not have their teeth cleaned because it will "wear them out." On the other hand, many older patients who have had prophylaxes regularly show no ill effects.

Any statistics you can send me relating to this subject will be much appreciated.—R. M. L., Massachusetts.

A.—We do not have any published statistics on pumice erosion, but Doctor Joseph L. Smith, of Denver, has made extensive tests with pumice and various tooth pastes and other cleansing and polishing agents.

I called Doctor Smith to ask him if he could help me to answer your question. He tells me that flour of pumice is not a standard product and that different batches vary greatly in their hardness and abrasive quality.

A patient should certainly never use pumice or any other abrasive agent on his toothbrush for home use, but it is silly to advise a patient that he should not have his teeth cleaned at stated intervals by

a dentist provided the dentist uses reasonable judgment in his polishing procedure and always polishes in a manner to keep tooth surfaces smooth.

Certainly a toothbrush carrying pumice is many times more abrasive than when operated with plain water.—V. CLYDE SMEDLEY.

Sour Taste

Q.—Your advice regarding the following case would be greatly appreciated: My patient, a woman aged 50, presented herself with an upper partial acrylic denture with a palatal bar in gold and gold wrought clasps. Her complaint was that in wearing the denture she experienced a sour taste. I made a cast horseshoe case in gold.

She maintains that while the efficiency of the denture has increased, the sour taste still persists. Only when she removes the denture does the taste leave her. I have roentgenographed the remaining teeth for a possible cause and find them in good condition. Her general health, according to her physician, is excellent.

Your help in determining, if possible, the cause would be of great value.—M. M. M., New York.

A.—It may be possible that this sour taste is caused by galvanic action between two metals. Do the gold clasps contact amalgam anywhere?

A too low carat gold might have this effect.—V. CLYDE SMEDLEY.

Exfoliated Epithelium

Q.—Will you please explain the following condition and suggest a corrective procedure?

I have a patient who has a partial upper denture, restoring the posterior teeth, which covers the entire palate. A gray or grayish-white color of the mucosa of the palate has appeared under the denture only. Posteriorly to the denture, the palate is a normal color. The buccal and occlusal portions of the ridges are almost normal in color, with a little congestion in places.

This condition causes an uneasy feeling but no pain. The patient gets temporary relief if the denture is loosened and dropped slightly from the posterior; the tissue contact being broken for a short period of time.—L. O. W., Ohio.

A.—Is the grayish-white color of the mucosa of the palate under the denture caused by an accumulation of exfoliated epithelial tissue? If so, brushing the palate with a toothbrush, rubbing it with a clean cloth, or leaving the denture out at night will correct the condition.

The uneasy feeling under the denture that is relieved by loosening the denture could probably be relieved or eliminated with the use of disclosing wax to determine and correct by grinding and polishing unequal pressure of the base upon its supporting tissue.—V. CLYDE SMEDLEY.

Leukoplakia

Q.—I shall appreciate your assistance in a case which has resisted all my efforts to clear it up for over a year.

The patient is a woman of 42 wearing a full upper denture. The lower anteriors are in good condition from cuspid to cuspid. The remainder of the lowers are missing. The mucous membrane presents a red appearance and is so thin that the surface can be peeled off leaving a bleeding area beneath. The gingival tissues bleed easily. The patient presents at each visit large yellowish patches on the edentulous area and under the tongue.

I have tried every remedy including sulpha and penicillin. A blood test was satisfactory and so was an urinalysis.—I. W. C., Pennsylvania.

A.—Is the area under the full upper denture affected by this red appearance and large yellowish patches, or is this condition confined to the lower jaw? Is the pa-

tient a smoker and do the yellow patches have the appearance of leukoplakia? If so, she had better stop smoking.

Has she consulted a dermatologist? Perhaps she should, unless you can give us further information to make it appear to have a dental bearing.—V. CLYDE SMEDLEY.

Sodium Fluoride

Q.—I have had many requests for definite information regarding the use of the fluoride treatment for children's teeth to control caries. Could you give me the name and issue of some journal containing a scientific discussion of the treatment; or have you any definite method of treatment; including the number of treatments, the intervals between treatments, and the strength of the solution to be used?

All information regarding this matter will be greatly appreciated.—H. C. P., Missouri.

A.—We use the 2 per cent aqueous solution of sodium fluoride on the teeth of young patients in the following manner: A thorough prophylactic treatment is first given. One quarter of the mouth is protected from saliva with No. 2 cotton rolls, the teeth are dried with an air blast, the fluorine sopped on the teeth generously with a cotton swab. I pass silk between the teeth while well wetted with the fluorine and dry it in with air. The mouth is then thoroughly rinsed with water to obviate the possibility of any of the fluorine being swallowed. Naturally the other three quarters of the mouth are treated in like manner. This treatment should be given not less than four times a year. More than five treatments a year have no more value than four or five.

Basil Bibby[1] published two articles four years ago on this subject.—GEORGE R. WARNER.

Bleeding Gingivae

Q.—A patient of mine, aged 26, presents a peculiar case: On the right upper he has an amalgam MO in the second bicuspid, and in the first molar a DO amalgam. The restorations are exact and perfect; there are no pockets interproximally. Yet the patient complains that upon awakening he has a bloody exudate in his mouth. I have done through periodontia and found only a trivial amount of calculus which was removed. Yet on the upper right, from the first bicuspid back, upon pressure, however slight, bleeding occurs. This clears within a minute or so, and the gingivae appear normal.

I have prescribed liver and vitamins. These have been used for several weeks with no result.

I shall appreciate any suggestions you may have for treatment in this case.—J. J. C., New York.

A.—The case described in your letter seems enigmatic: the apparently normal periodontal conditions, no rough edges of restorations, contacts tight and properly shaped, and no calcareous deposits.

Bleeding gingivae usually are the result of local conditions which you have so carefully evaluated and corrected. Traumatic occlusion might be considered as a cause, and this condition could be as circumscribed as the bleeding area.

Bleeding gingivae can be related to systemic conditions such as scurvy, purpura hemorrhagica, leukemia, pernicious anemia, aplastic anemia, hemophilia,

[1]Bibby, B. G.: Use of Fluorine in the Prevention of Dental Caries. I. Rationale and Approach, J.A.D.A. 31:228 (February) 1944; Use of Fluorine in the Prevention of Dental Caries, II. Effect of Sodium Fluoride Applications, J.A.D.A. 31:317 (March) 1944.

Reprinted from APRIL, 1948 ISSUE

Justi-facts

#75

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533. There is little logic in—

a) matching a natural tooth with a porcelain shade guide; then
b) matching the porcelain shade guide to an acrylic tooth (even if they are the same number); and then
c) expecting the acrylic tooth to match the natural tooth.

534. Use the Denta Pearl shade guide to match the natural tooth directly—there is a reason.

535. Denta Pearl shade guides are made—

a) of the same shaded powders,
b) in the same machines,
c) by the same method, and at the same time . . . as Denta Pearl teeth—thus you have a direct match—not an approximation.

536. Incidentally—don't [illegible] of hardness of acrylic teeth based on a [illegible] or other "kitchen sink" methods of [illegible]

537. Denta P[illegible] of Rockwell M 10[illegible] By Indo[illegible]

diabetes mellitus, heavy metal poisoning, and lowered resistance. But one can hardly imagine any general condition manifesting itself in less than one half of one jaw.

On the theory that the condition is at least partly systemic, I would suggest a course of vitamin C. To be of any value, one must give at least 500 mg. daily divided in two doses. It is said that even with this heavy dosage of vitamin C in the form of ascorbic acid, one must not expect much result for several weeks or even months. Copious amounts of natural vitamin C in addition to the synthetic probably are helpful.—GEORGE R. WARNER.

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

Answers to Quiz XLIX

(*See page* 1573 *for questions*)

1. (c) more oxygen. (Willinger, Louis: Synergetic Action of Nitrous Oxide-Oxygen and Vinethene, ORAL HYGIENE 37:1912 [November] 1947)
2. An index of dental caries measurement applicable to permanent teeth. D = decayed, M = missing, F = filled teeth. (Cary, J. E., and Sagar, J. A.: Dental Caries, Australian J. Dent. 50:302-305 [November] 1946)
3. (b) upper anteriors. (The Michigan Workshop on the Evaluating of Dental Caries Control Technics, J.A.D.A. 36:16 [January] 1948)
4. (b) 20 per cent. (Tylman, S. D.: Crown and Bridge Prosthesis, St. Louis, C. V. Mosby Company, 1940, page 21)
5. (b) a slit which sometimes appears in the labial mucosa of a tooth being traumatized. (Hill, T. J.: Oral Pathology, 3rd Edition, Philadelphia, Lea & Febiger, 1945, page 276)
6. No. (Accepted Dental Remedies, 13th Edition, Chicago, American Dental Association, 1947, page 167)
7. True. (Accepted Dental Remedies, 13th Edition, Chicago, American Dental Association, 1947, page 36)
8. All. (Mustermann, H. W.: Principles and Practice of X-Ray Technic and Interpretation, Brooklyn, Dental Items of Interest, 1945)
9. (a) a greater. (Miller, E. C.: Clinical Factors in the Use of Amalgam, J.A.D.A. 34:820-826 [June 15] 1947)
10. The palatine processes of the two maxillae anteriorly and the horizontal parts of the two palatine bones posteriorly. (Robinson, Arthur: Cunningham's Textbook of Anatomy, 5th Edition, New York, Wood and Company, 1926, page 144)

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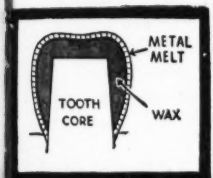

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Laffodontia

Man (getting a shave): "Barber, will you please give me a glass of water?"

Barber: "What is the matter? A little hair in your throat?"

Man: "No, I want to see if my throat leaks."

★

Corner Room waitress: "Well, sir, how did you find the meal?"

Breslaw: "Just by accident, I turned over the potato and there it was."

★

Coed: "Oh, professor, whatever do you think of me now that I've kissed you?"

Professor: "You'll pass."

★

She: "How about giving me a diamond bracelet?"

He: "My dear, extenuating circumstances perforce me to preclude you from such a bauble of extravagance.

She: "I don't get it."

He: "That's what I just said."

★

She wondered why they smiled when she said her husband never snored before they were married.

★

He: "I suppose you dance."

She: "Oh yes, I love to."

He: "Great, that's better than dancing."

★

Mr. Betzinger, on being informed last Friday night that he was the father of triplets, was overjoyed. He sped directly to the hospital where his wife and newly arrived family were. When he rushed into the room he was intercepted by a nurse. The nurse, as we have it, said, "Don't you know better than to come in here? You're not sterile."

Mr. Betzinger looked at the triplets for a moment and said, "Lady, are you telling me!"

★

A man, working in a munitions factory, caught his coat in a revolving wheel, and was whisked up and whirled round and round until the foreman managed to switch off the machine.

The workman dropped and up rushed the foreman. "Speak to me. Speak to me," he pleaded.

The victim looked up. "Why should I?" he said. "I passed you six times and you didn't speak to me."

★

"Yes, I know he's thin," said the new lieutenant, looking over the latest crop of replacements. "Tell you what, sergeant, let him clean the rifles."

"Okay," said the sergeant, "but who's going to pull him through?"

★

Navy Wife: "When we were first married you said I had a shape like a beautiful ship."

Husband: "Yeah, but your cargo has shifted."

★

Officer: "Why were you racing through town at that rate?"

Man: "My brakes were out of order and I wanted to get home before there was an accident."

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Trubyte New Hue Teeth have more of everything

it takes to produce natural looking dentures.

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MORE natural *shades*

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Trubyte New Hue Teeth are still the lowest priced teeth of quality

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Unpredictable and unavoidable also are the many variables in amalgam technic that prove detrimental to the physical forces of the material — variations such as the size and accessibility of the cavity, differences such as you encounter in mixing, packing and polishing.

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*approximately 1 mg. fluorine

"Enziflur" Lozenges (No. 805) are supplied in bottles of 30, 100 and 1000.

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LOZENGES

there's a best posterior tooth for every **denture** technique

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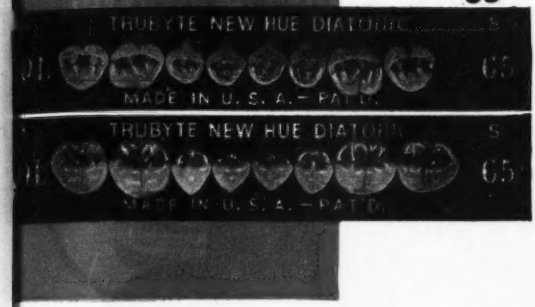
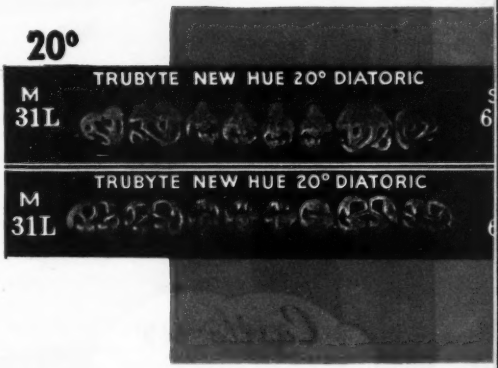


Trubyte New Hue Posterior

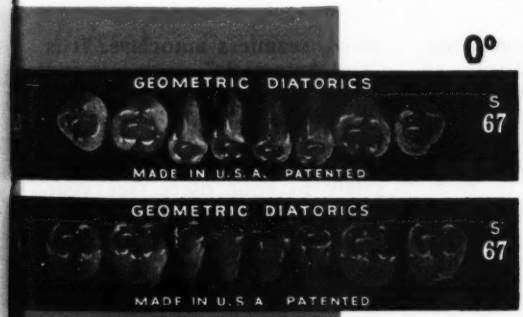
Trubyte New Hue Posteriors have cuspal inclinations that are comparable to those of moderately worn natural teeth. Especially suited for partial and full dentures that oppose natural teeth, and for full denture cases in which individual condylar records have been made.

20°

Trubyte New Hue 20° Posteriors are by far the most popular teeth for full denture work. Their low cuspal inclination minimizes lateral thrust. Their narrow occlusal contact minimizes pressure on the underlying ridge.



0°



Geometric Posteriors in Trubyte New Hue Shades

For those dentists who prefer posterior teeth with no lateral cusp inclination, Geometric Posteriors are available. Designed by J. B. LaDue, D.D.S. and J. A. Saffir, D.D.S., Geometric Posteriors possess definite advantages over all other flat plane teeth.

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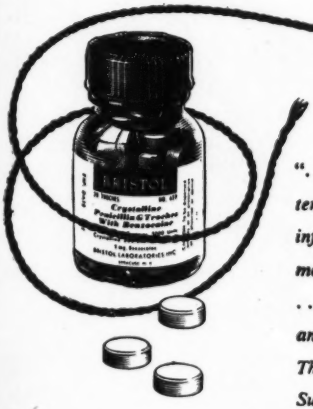

". . . . The prophylactic use of penicillin tends to reduce postoperative inflammation of the oral mucous membrane and the incidence of infection . . . There is less postoperative pain and healing is more rapid." *Faier, A.D.: The Prophylactic Use of Penicillin in Dental Surgery. Dental Digest, 153:336, July, 1947.*

For either prophylactic or therapeutic purposes, Bristol CRYSTALLINE PENICILLIN G TROCHES with Benzocaine provide an efficient means for controlling intraoral infections due to penicillin-sensitive organisms. Inserted into the buccal sulcus, the troche dissolves slowly, directly bathing all accessible mucous membranes with an effective and prolonged concentration of penicillin. In the presence of painful, inflammatory or traumatic mouth lesions, the local anesthetic effect of benzocaine will be found especially desirable.

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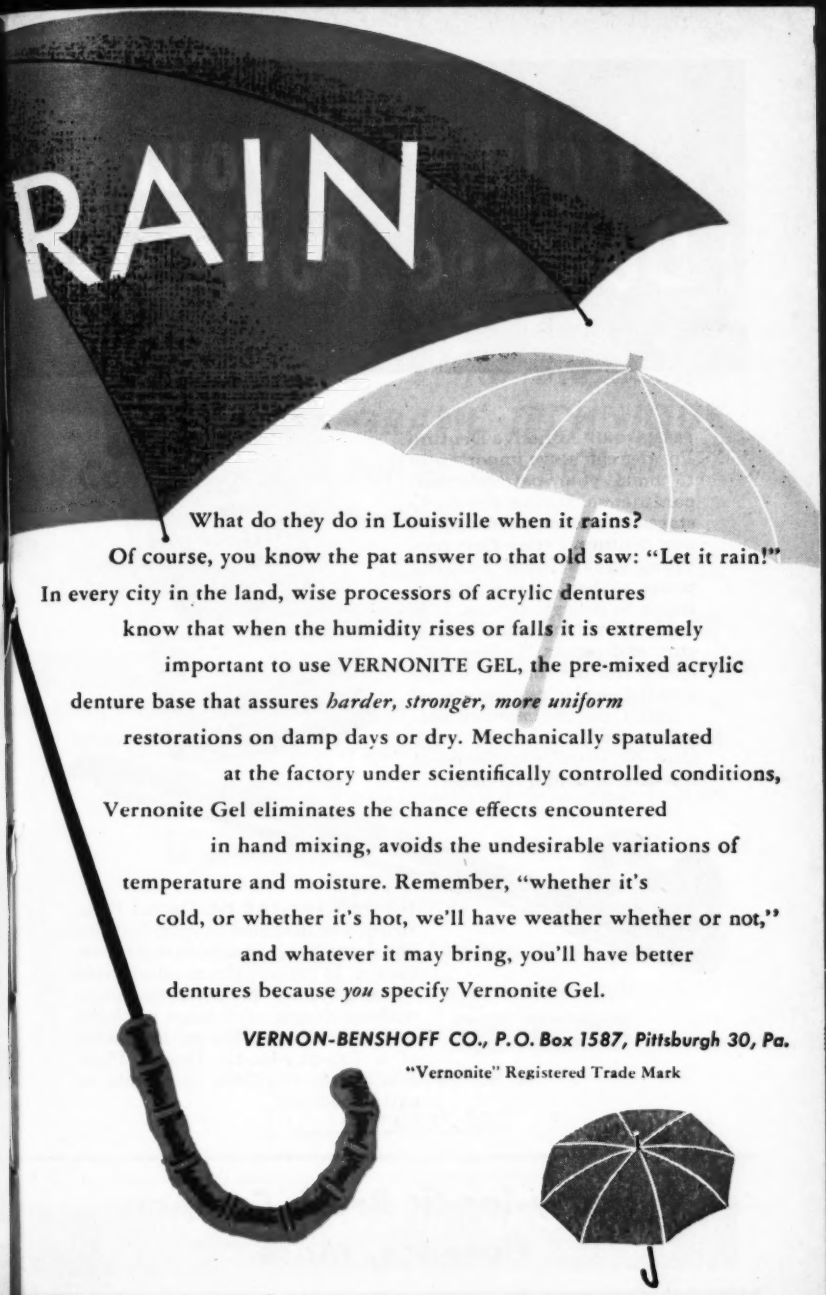

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Of course, you know the pat answer to that old saw: "Let it rain!"
In every city in the land, wise processors of acrylic dentures
know that when the humidity rises or falls it is extremely
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denture base that assures *harder, stronger, more uniform*
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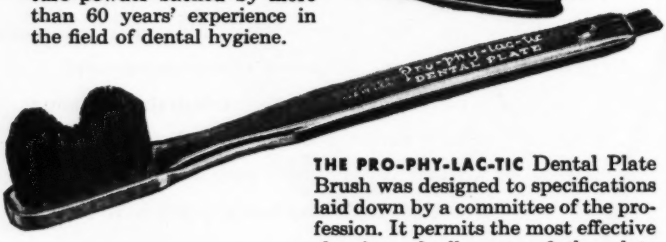
PERMA-GRIP Adhesive Denture Powder can serve importantly to build your patient's self-confidence during the early stages of accommodation to a new denture. Perma-Grip provides exceptional holding power without danger of irritation to delicate tissues. It is made with high quality karaya gum and resists "balling up" under the denture. You can confidently recommend Perma-Grip, the *improved* denture powder backed by more than 60 years' experience in the field of dental hygiene.



THE PRO-PHY-LAC-TIC Dental Plate Brush was designed to specifications laid down by a committee of the profession. It permits the most effective cleaning of *all* parts of the plate without danger of damage to clasps and attachments. Recommendation of a Pro-phy-lac-tic Dental Plate Brush will pay you dividends in extra good-will.

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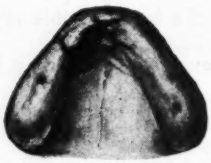
Florence, Mass.

Special Problems in Denture Retention

Reproduction at the right is taken from the Wernet Booklet "Special Problems in Denture Retention" published for the dental profession.

Sharp Mandibular Ridges

The lower denture, as such, normally pre... acute problem than the upper, because of ... of the tongue and the movable base pro... mandible. This difficulty is often aggra... presence of knife-edge formations, irregu... sharp, bony spines. If, in addition, there ... flabby mucoperiosteum on the crest of ... bular ridge, this makes the retention still ... lematic.[25] Obviously, the spinous, irregula... the thin, knife-like mandibular ridge can... sidered a sound denture support. Sometim... may be necessary to remedy this difficu... providing a foundation of solid bone st... more dependable denture support . . . In... Wernet's Powder will often be of materia... in these cases, not only during the difficu... adjustment and adaptation, but whenever ... is needed in improving retention and relie... pressure.



Sharp spines on the ridge add to the constructional troubles and to the discomfort.

16

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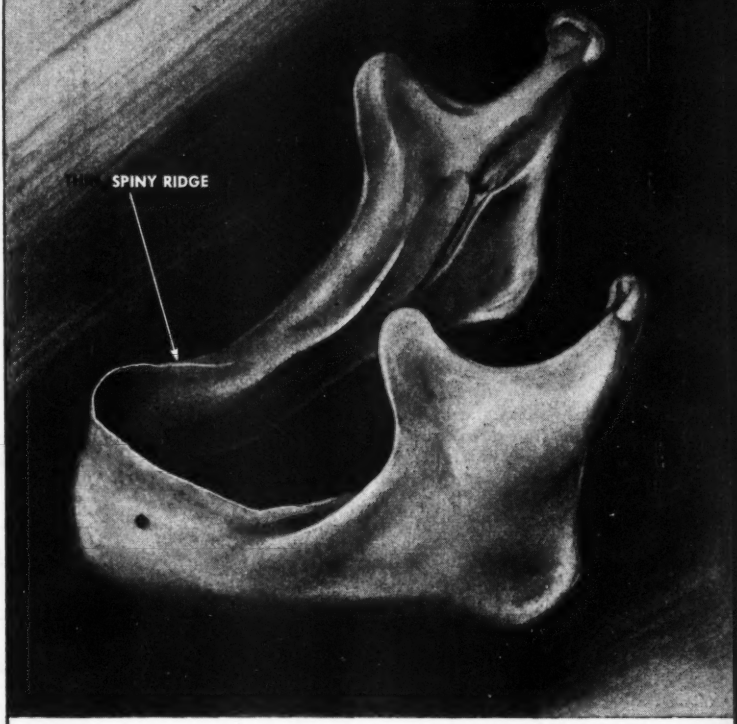
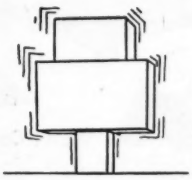
WERNET'S

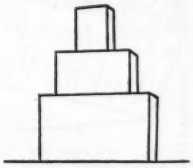
THIN, KNIFE-LIKE MANDIBULAR RIDGE carry the entire bearing load of the appliance, and cause frequent recurring soreness on the ridge crest.





(Left) Load on narrow base—instability.

(Right) Load on wide base—stability.



17

Wernet's Powder is a sound suggestion — whether in "treatment cases" during the first weeks of adjustment . . . or in anatomically difficult cases . . . or for the nervous patient who finds denture mastery unduly trying. Wernet's Powder carries the Seal of Acceptance of the Council on Dental Therapeutics of the American Dental Association.

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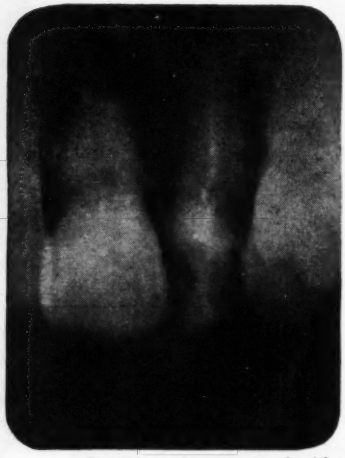


Sometimes it pays to double check. These two radiographs are of the same area of a patient's mouth. One was taken at the standard 65 KVP; the other at 45 KVP. Note difference in definition so necessary to accurate diagnosis.

RADIOGRAPHIC CONTRAST ... its diagnostic importance

Three clearly discernible trends are responsible for the growing preference for the Weber 7-A RayDex:

1. *Increased emphasis on preventive dentistry.*
2. *Demand for flexible controls to facilitate various techniques requiring greater target distances.*
3. *Realization that only radiographs showing proper contrast between areas of similar density permit accurate diagnosis.*

Because the correct kilovoltage for radiographing areas of one density may not give proper contrast when used for areas of another density, practitioners using "single technique" X-ray machines with fixed high penetration are often at a disadvantage. For instance, cancerous lesions, pyorrhea pockets, cysts, abscesses and granuloma, particularly in the early stages, are difficult to detect and diagnose with radiographs taken at the standard 65 KVP and 10 milliamperes. Significant pathologic details are frequently overpenetrated and burned out of the film.

When suspicious pathology is detected on a film taken in the normal manner (65 KVP), additional radiographs at a lower penetration (45 KVP) are recommended. Comparison of the radiographs taken at different kilovoltages usually provides sufficient

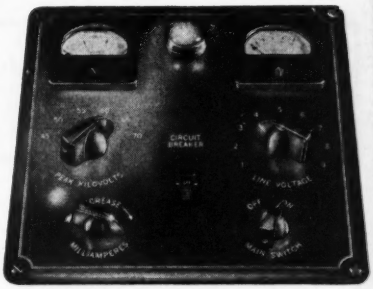
detail for accurate diagnosis. Lower kilovoltage is particularly indicated when working with children or in cases involving soft or diseased tissue.

To provide the flexibility of operation required by the various techniques, the simple manual controls of the Weber 7-A RayDex enable the operator to select any kilovoltage from 45 KVP to 70 KVP, and any milliamperage from 0 to 15 . . . easily and quickly.

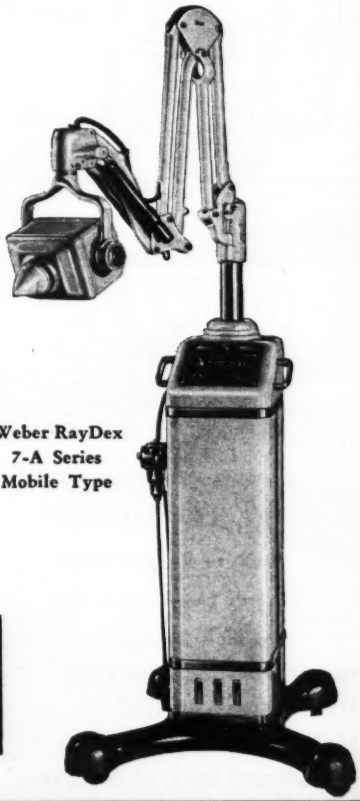
This complete range gives him full freedom in varying his techniques according to the age of the patient, bone structure, area being filmed, etc. Compare this ease of multiple-technique operation with that of the "single technique" machine in which a change of kilovoltage necessitates changing the transformer taps by a serviceman.

Milliamperage, of course, must remain constant in order to insure uniform detail and strict adherence to exposure schedules established by the film manufacturers. In the 7-A RayDex, milliamperage is stabilized by means of a Raytheon transformer type stabilizer which maintains current constancy within 1/20 milliampere.

Your Weber dealer will be happy to give you complete details on the Weber 7-A RayDex. Its flexibility and ease of operation make it your best X-ray investment in meeting today's and tomorrow's more exacting diagnostic requirements. Weber Dental Mfg. Co., Crystal Park, Canton 5, Ohio.



Controls on Weber 7-A RayDex are mounted on a panel sloped for full vision. All controls are at operator's fingertips. Changes and adjustments may be made instantly.



Weber RayDex 7-A Series Mobile Type

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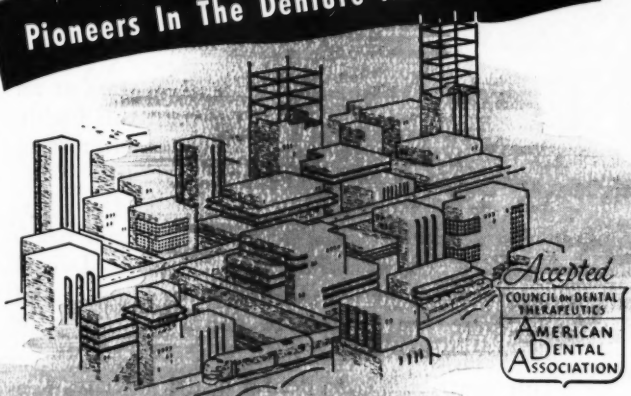
Pioneers In The Denture Adhesive Field



It is indeed gratifying to observe how the profession, in an ever increasing number, recommend CO-RE-GA for those certain indicated cases.

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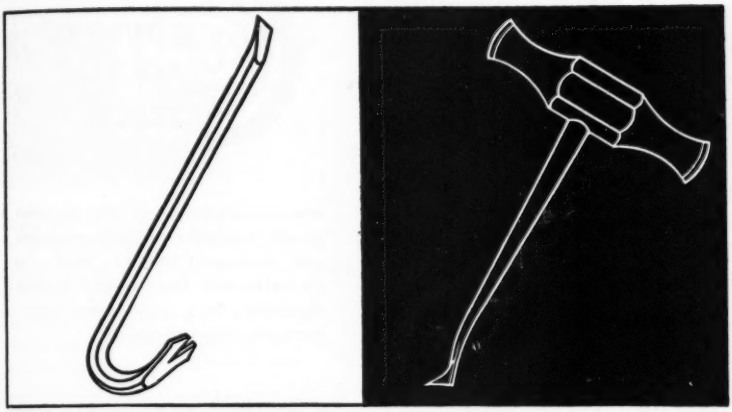


These instruments are identical in basic mechanical principle. The difference is a matter of refinement—one of them has been specifically designed for a professional purpose.

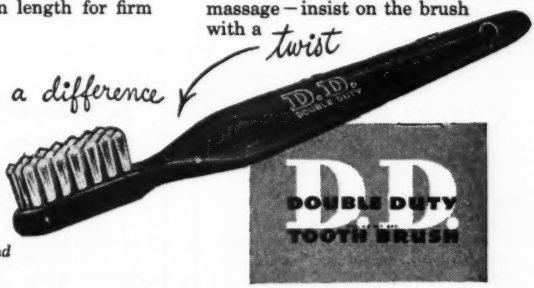
The D. D. Tooth Brush has been designed with the aid of a thousand practising dentists –

- A compact straight trim brush head, assuring easy access to tooth surfaces;
- Well-spaced bristle tufts for thorough brushing of interdental spaces;
- Springy long-life bristles that won't get soggy, ½ inch in length for firm brushing;
- A broad inflexible handle for maximum leverage, with a non-skid thumb rest;

and

- A new *twist* in the handle, which automatically encourages the desired up and down rotary motion for gentle gum massage. For Double Duty – thorough cleansing plus gentle gum massage – insist on the brush with a *twist*

DESIGN *makes a difference*



The D. D. Toothbrush is available with the popular two row bristle head as well as the larger three row type. Recommend the style best suited to your patient.

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Ovaltine in milk, a nutritious satisfying liquid dietary supplement, enjoys established and extensive application in dental practice.

In gingival and oral infection, maxillofacial trauma, or after exodontia or oral surgery when mastication proves difficult, Ovaltine in milk is especially indicated in any prescribed liquid diet. By contributing to virtually all nutrient needs until normal mastication is again possible, it is an important aid for maintaining a high nutritional state favorable to best healing of involved tissues. It is also widely used for improving the nonsurgical patient's nutritional state in promoting and maintaining better dental health.

This delicious food drink furnishes all nutrients considered essential and of special value in the liquid diet: B complex vitamins, vitamins A and D, ascorbic acid, biologically complete protein and carbohydrate. Because of its tastefulness, appealing to virtually all patients, recommended amounts of three glassfuls or more are readily taken daily without palling the appetite.

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Three servings daily of Ovaltine, each made of ½ oz. of Ovaltine and 8 oz. of whole milk,* provide:

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PROTEIN	32.1 Gm.	VITAMIN B_1	1.16 mg.
FAT	31.5 Gm.	RIBOFLAVIN	2.00 mg.
CARBOHYDRATE	64.8 Gm.	NIACIN	6.8 mg.
CALCIUM	1.12 Gm.	VITAMIN C	30.0 mg.
PHOSPHORUS	0.94 Gm.	VITAMIN D	417 I.U.
IRON	12.0 mg.	COPPER	0.50 mg.

*Based on average reported values for milk.

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Use Torit laboratory aids for ease of operation and accurate workmanship

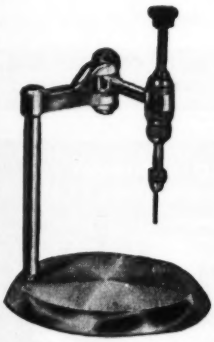
TORIT Parallelometer — a low priced, precision instrument for paralleling and outlining removable bridge cases. Insures a proper fitting bridge.

TORIT Model Holder — for holding models during soldering operations. An adjustable, spring tension clamp, and ball and socket joint, holds model securely in any position.

TORIT Bite Duplicator— a perfectly rigid instrument with no loose parts, springs or hinges. Insures exact duplication of the denture and retention of the "bite.',

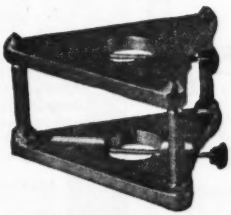
TORIT Soldering Cup Stand— a cup and stand for soldering and melting. Cup can be tilted and held in position desired.

These and many other TORIT dental laboratory instruments are now available for immediate delivery. For complete information and the latest TORIT Dental Catalog write: TORIT MANUFACTURING COMPANY, 279 Walnut Street, St. Paul 2, Minnesota.



Parallelometer

Model Holder



Bite Duplicator

Soldering Cup Stand

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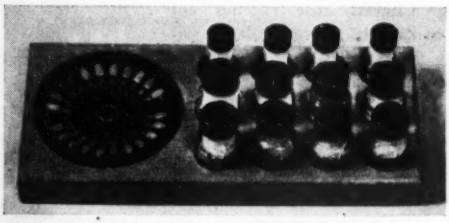
"Sincere" comes from two Latin words "sine cera" meaning "without wax." Unscrupulous Romans refinished damaged sculpture with wax and sold it for the price of the original. A perfect original was "without wax," that is "sincere."

"Sincere"

In this sense restorations from Certified Enamel are "sincere." You have real difficulty telling them from the original so faithfully do they match the teeth in which they are inserted. They are tops in esthetic value. The life-like red pigment in the silicate plus a simple color matching system makes accurate color reproduction possible.



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Your Silicate Workshop

You will like Certified Enamel, too, for its stable liquid which has an unchallenged reputation for resistance to moisture gain or loss.

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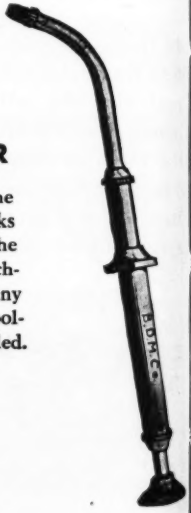
Smoothly, freely, noiselessly — the Lewis No. 2 Improved Carrier picks up amalgam and deposits it in the right place. Efficient plunger mechanism. Curved nose reaches any part of mouth. Chrome plated polished brass. Easily disassembled. Price $2.00.



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Manufacturing Co., Buffalo 3, N. Y.

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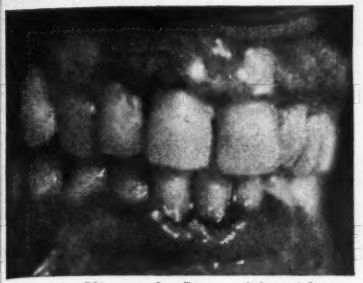
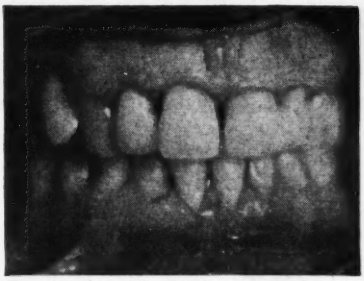


Chronic Vincent's Stomatitis with resultant periodontia. Patient had been treated by usual methods for 19 months without satisfactory results. Note swollen, suppurative condition. Malodors present.



Treatment with Chloresium promptly effected the improvement shown above. Condition was clinically arrested. Note normal tissue tone; absence of inflammation and swelling. Malodors absent.

In Chronic Vincent's Stomatitis
CHLOROPHYLL HEALED
where other methods of treatment failed

● The case shown above is typical of hundreds which proved stubbornly resistant to all forms of treatment until Chloresium dental preparations were used. And the record shows that an overwhelming majority of them not only responded rapidly to chlorophyll therapy, but healed in relatively short time.

Clinicians* have found Chloresium to be far more effective than other agents in the treatment of Vincent's infections, pyorrhea alveolaris (before and after curettement), dry sockets, osteomyelitis, gingivitis and other acute and chronic periodontal inflammatory processes.

Try Chloresium on your slowest healing case

We invite you to try Chloresium Dental Ointment, Solution (Plain) and Tooth Paste on your most resistant case for any condition which calls for accelerated healing. Mail coupon below for clinical samples.

*"Chlorophyll in Dentistry" contains complete reports.

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Dental Ointment—Solution (Plain)—Tooth Paste . . . provide unusually rapid healing. Deodorize malodorous oral conditions. Stimulate normal tissue growth. Control superficial infection. Give prompt symptomatic relief. Nontoxic, bland, soothing.

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Popular polls show that partials processed with the "Aristocrat of Chromium Alloys" are growing in favor with dentists and patients everywhere...in fact, today, Nobilium is leading choice in many of the large and small cities throughout the country.

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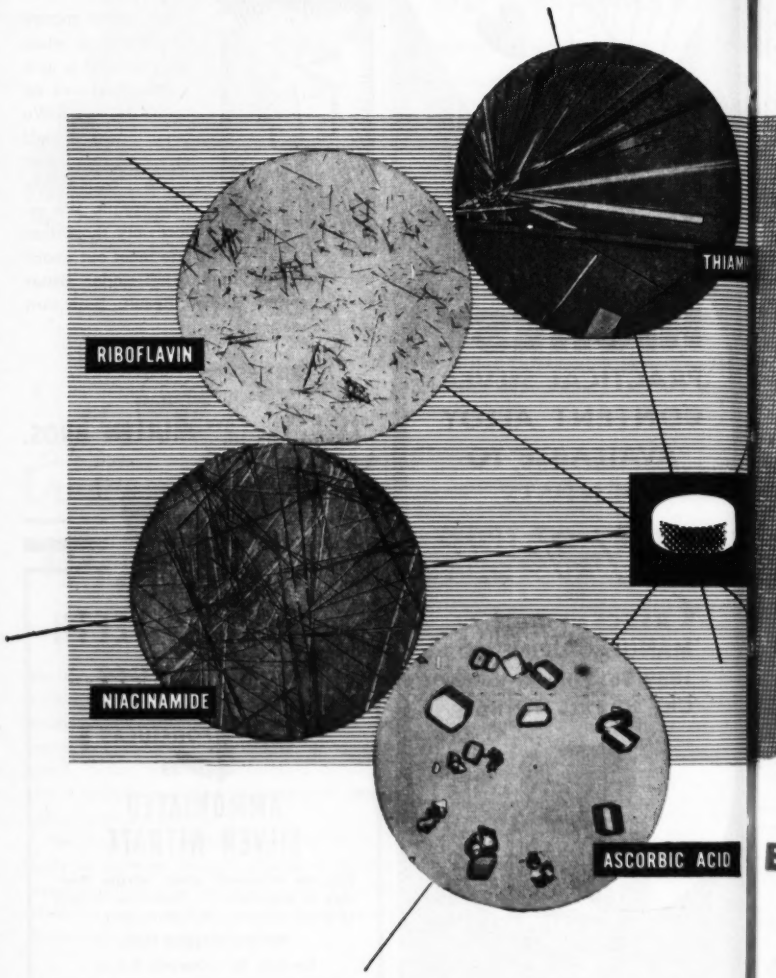
BASIC THERAPY for healthy



oral mucosa

Four vitamins are essential for the integrity of buccal mucosa. Three of them—thiamine, riboflavin and niacinamide—are members of the B complex; these, together with Vitamin C, are referred to as the "critical water soluble vitamins".

When nutritional deficiencies are reflected in oral lesions, Basic Formula Vitamin Tablets Squibb provide:

Correction—of the deficiencies often associated with changes giving rise to gingivitis

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Clinically proved, truly therapeutic dosages of

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Dosage: one or more Tablets daily

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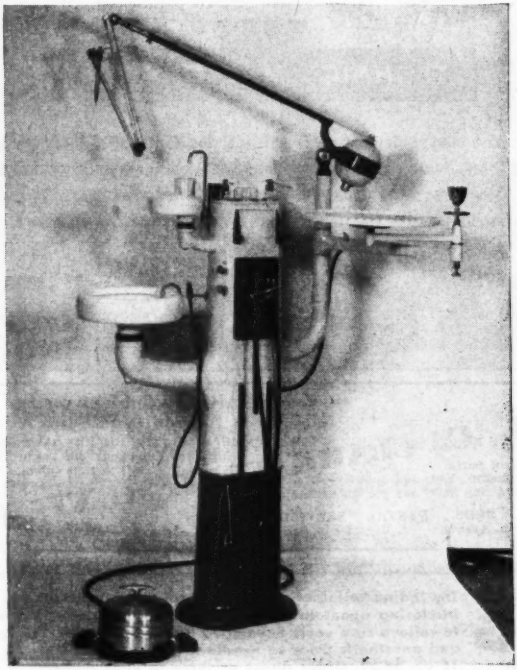

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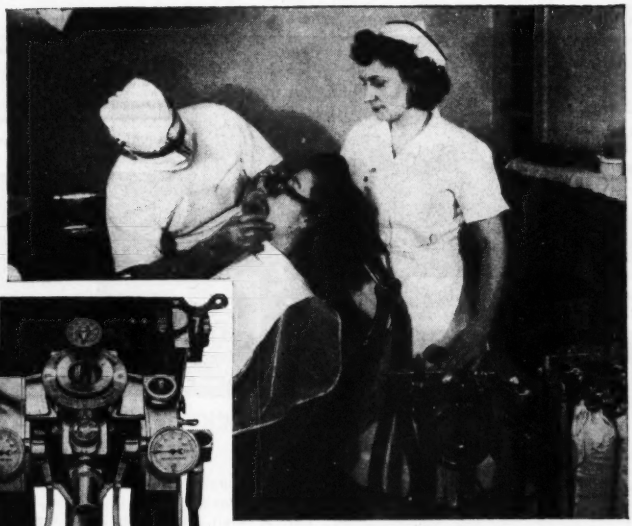

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Whether in a simple dental procedure or in an involved surgical operation, prompt, easy control of the patient is of the utmost importance to the operator. Quick, positive control is an important advantage of the McKesson Nargraf. The Nargraf technic is simple—one valve determines the flow of both nitrous oxide and oxygen. A change in dosage reaches the patient immediately. The flow of gas is automatically adjusted to changes in the patient's breathing rate. The Nargraf makes nitrous oxide anesthesia simpler, easier, surer.

Know the Nargraf and the Nargraf will be your choice of a gas machine.

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Those who wear them ought to know...

In their delight over being able to chew Dentyne Gum with acrylic restorations, many patients have written us, voicing their pleasure. Their gratification is noted as stemming primarily from the fact that the Dentyne bolus moves freely in the mouth and does not "stick" to plates. • For the many new denture wearers who must be re-educated to chewing, this non-adherent quality is welcome news. Desirable "plus" factors for Dentyne are its flavor and extra resiliency, both of which may considerably lighten and render more pleasurable the never easy "chore" of denture adjustment. • Remember, at all times, Dentyne's delicious, long-lasting flavor provides pleasure and enjoyment.

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● **Proper home treatment of the teeth and gums is welcomed by every dentist. STIM-U-DENTS are employed with excellent results in helping to prevent disease and arouse a new interest on the part of the user while pleasantly imparting a combination of cleanliness and gentle stimulation. The gum tissue seems to "glow with health" from their daily use.**

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For your patients this means less show of metal, less weight in the mouth, no impediment of phonetics.

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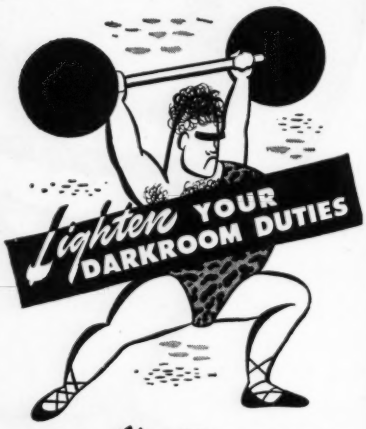

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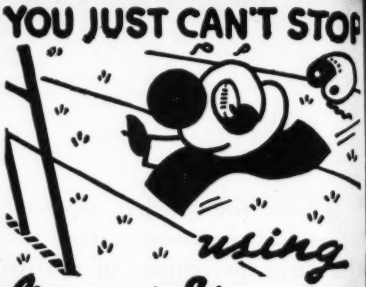

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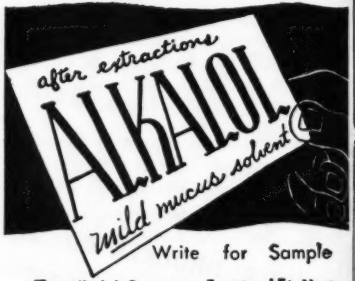

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$5.95 ea.
Simpson's White Sanforized Combed Poplin. 3 for $17.15

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Illustrated at left is one of the many ready-to-wear styles designed for good appearance; rust- and laundry-proof snap fasteners.

For details of other styles of this line, send for *Catalog OD-1*

Pa-Kay uniforms

This new ready-to-wear nurses' uniform, at right, is made of Simpson's Soulette Poplin; opened down front with concealed rust-and laundry-proof snaps below belt line.

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Sizes 10-42

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(Men's styles only): A wide selection of styles and materials (broadcloth, gabardine, rayon sharkskin and various weights of poplins); choice of sleeve and garment lengths, collar sizes, fasteners. For details and samples of this complete line, write for *Catalog OD-2.*

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—or can get it through his jobber

Bears the Seal of Acceptance of the Council on Dental Therapeutics of the American Dental Association.

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10¢ Large Size
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Today Dentists and Physicians prescribe Ce-De-Flor tablets between topical applications to supplement the fluorine content of water. Palatable, easy-to-take Ce-De-Flor tablets are particularly recommended for children 6 to 16. *Dosage:* one tablet daily as directed by Dentist or Physician. Supplied on prescription only. Literature and samples on request.

FORMULA: Each Ce-De-Flor tablet contains 30 mgm. vitamin C, 1000 units vitamin D, 3 mgm. calcium fluoride

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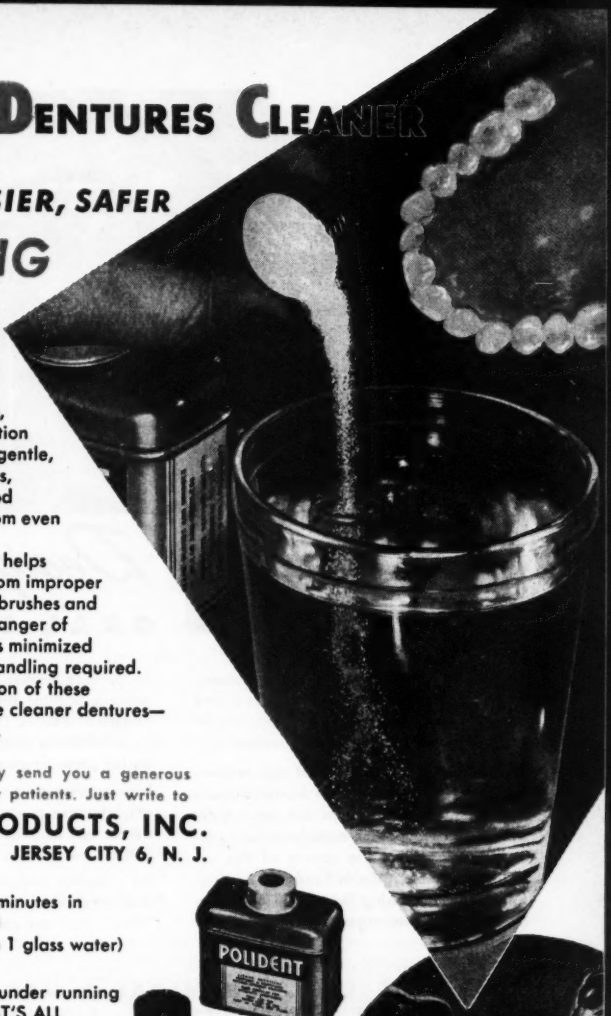
BY THIS EASIER, SAFER SOAKING METHOD



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2 **RINSE:** Hold under running water to rinse. THAT'S ALL

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Polident

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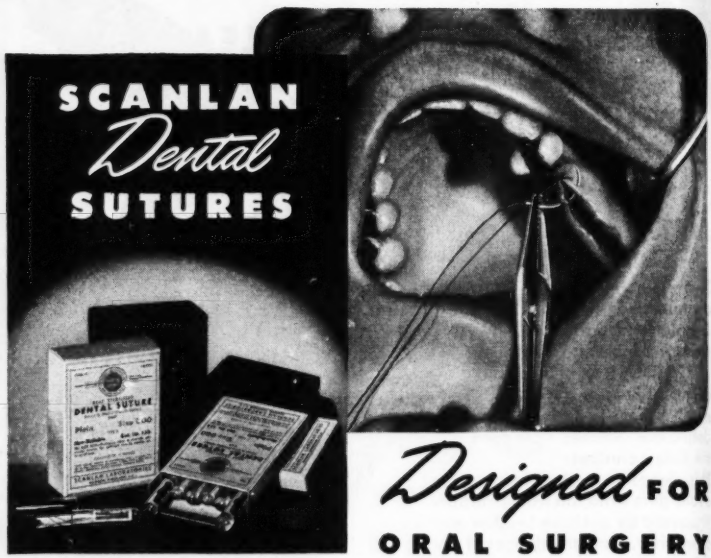

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Sterilization is accomplished at high temperature, verified by complete bacteriological tests. Tensile strength tests are repeatedly applied throughout the manufacturing process to insure complete control of this important factor. Optimum flexibility is maintained by the tubing fluid, eliminating the necessity of moistening sutures at time of use.

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For complete information on Scanlan sutures and other dental specialties supplied by "Ohio" mail the convenient coupon below.

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In recent years, with the advancing knowledge of nutrition, the values of candy as a worth-while part of the daily diet have also become recognized. Most of the kinds of candy manufactured today are made of a number of valuable foods which contribute to the extent they are used to the satisfaction of many nutritional needs.*

Whether enjoyed as a delectable tidbit during a friendly gathering—or served at the end of a family meal—or eaten as a quick energy food following strenuous activity, candy has a unique and valid place in the human dietary.

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*The candies in the manufacture of which milk, butter, eggs, fruits, nuts or peanuts are used, *to this extent* also (a) provide biologically adequate proteins and fats rich in the unsaturated fatty acids; (b) present appreciable amounts of the important minerals calcium, phosphorus, and iron; (c) contribute the niacin, and the small amounts of thiamine and riboflavin, contained in these ingredients.

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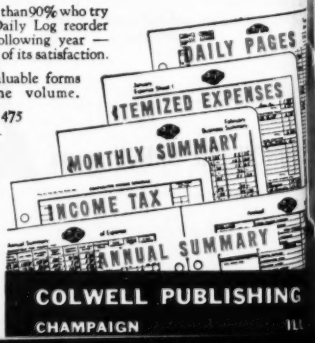

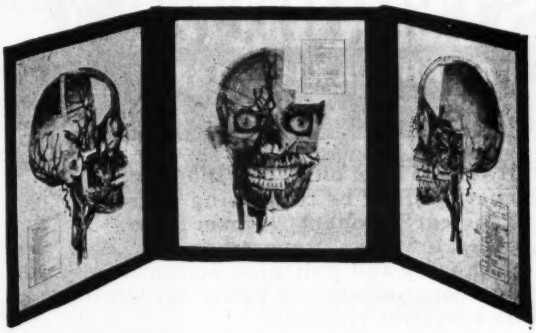

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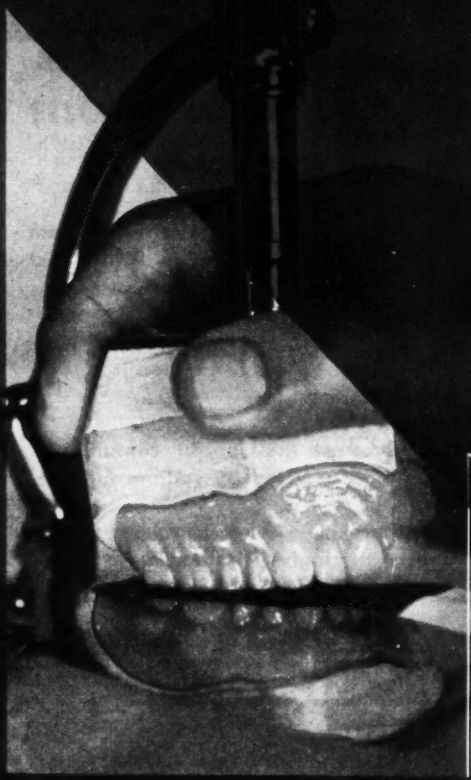

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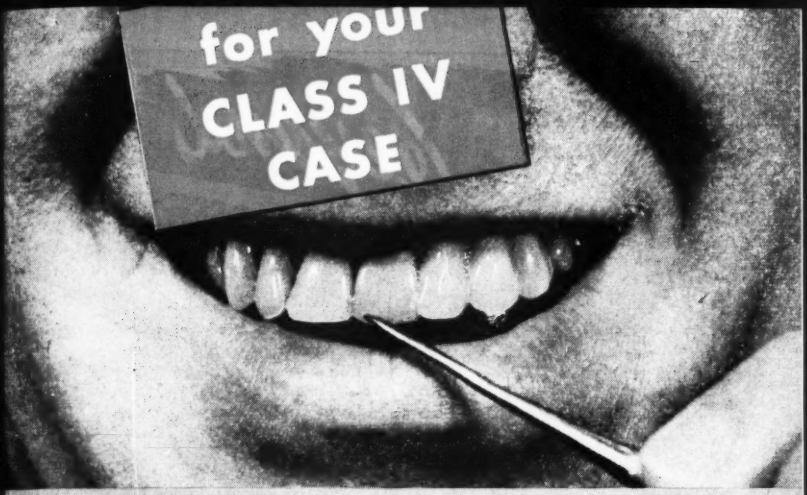

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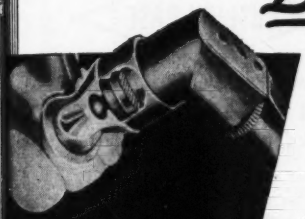

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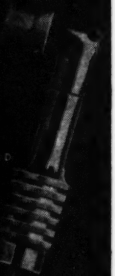

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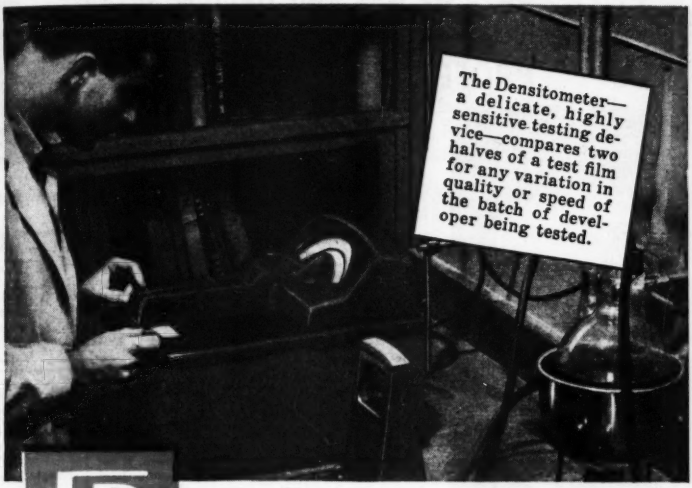

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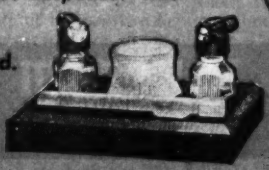

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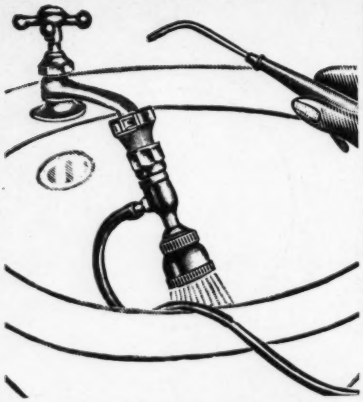

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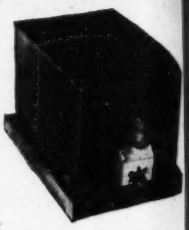

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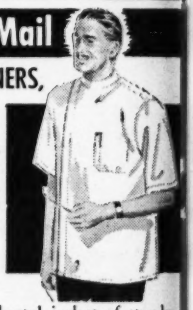

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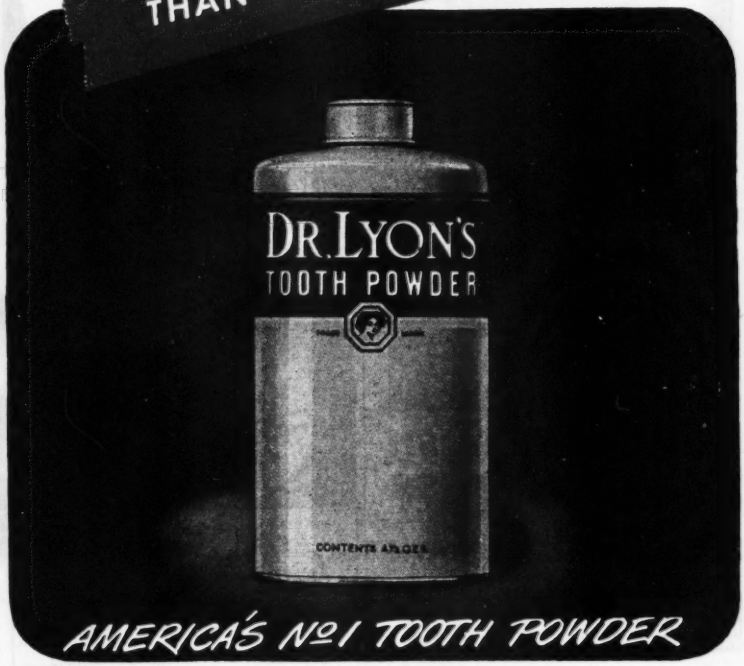

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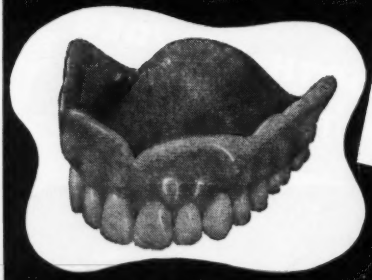

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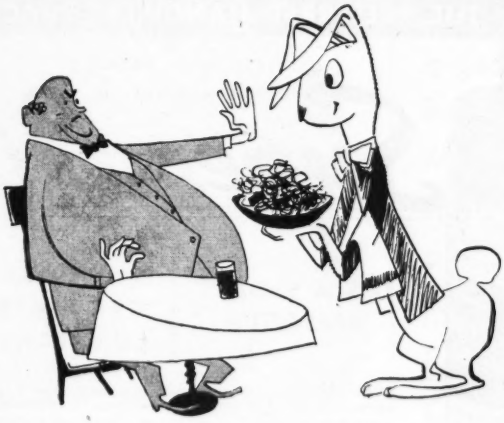

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● He knows what he likes, but unfortunately vegetables and many of the other basic-seven foods are on his blacklist. Perhaps his dietary whims are to blame for the symptoms of vitamin deficiency noticeable in his oral tissues. For such patients, in addition to a corrective diet, many dentists prescribe an easily taken, highly potent vitamin preparation—Dayamin. In either Capsules or Liquid, Dayamin contains essential vitamins in well balanced, generous amounts. One or two Dayamin Capsules daily are excellent as a diet supplement, larger doses as a therapeutic agent. Dayamin Capsules are available in bottles of 30, 100 and 250; and palatable Dayamin Liquid in 90-cc., 8-fluidounce, and 1-pint bottles. ABBOTT LABORATORIES, NORTH CHICAGO, ILL.

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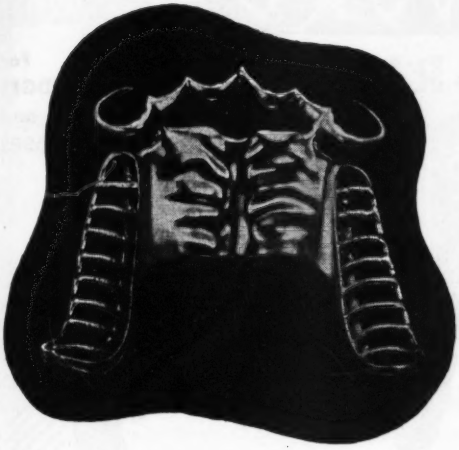

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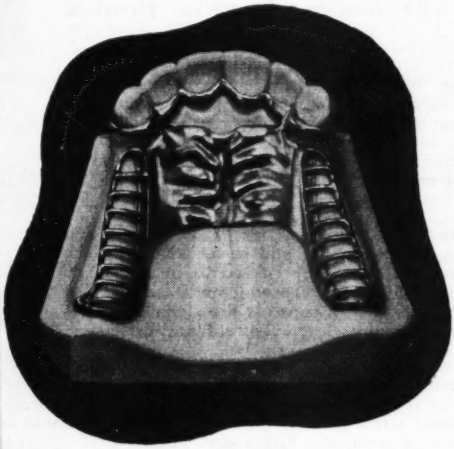

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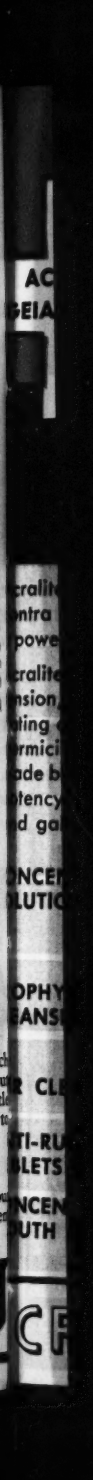

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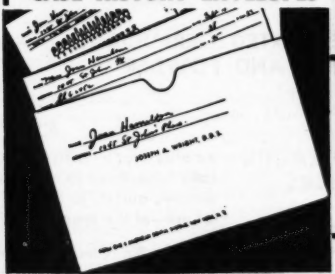

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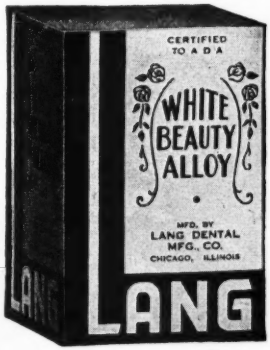

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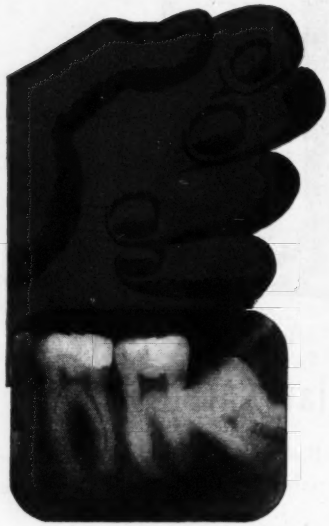

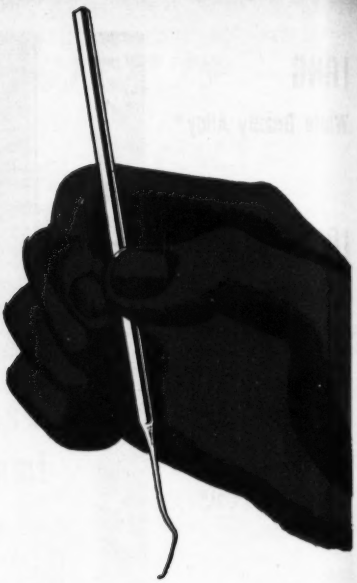

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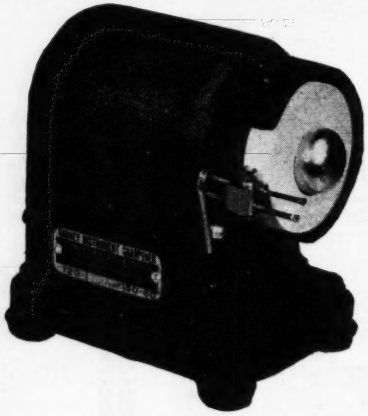

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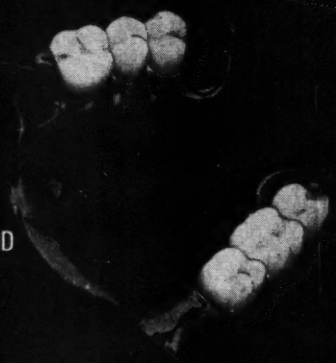

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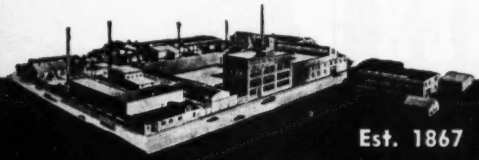

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Vitamin C (Ascorbic acid)	75 mg
Vitamin D (Activated ergosterol)	500 U.S.P. units
Niacinamide	5 mg

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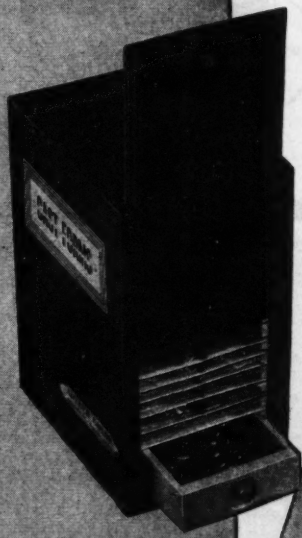
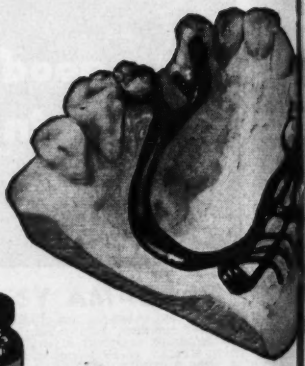
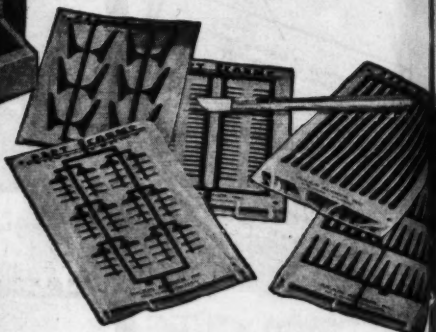




A TYPICAL CAST FORM ASSEMBLY



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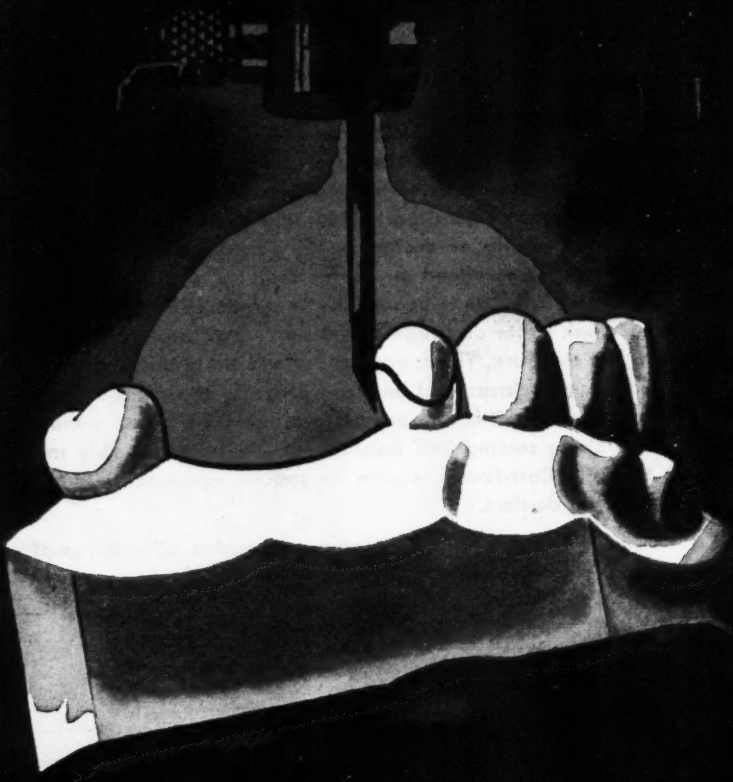

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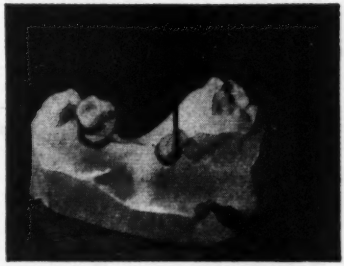

ESIGN also contributes materially to satisfactory results. Skilled designers outline the proper placement and type of clasp, utilizing the undercut areas as indicated at the right. Correct interpretation of dentists' prescriptions and an understanding of the requirements of the case result in designs of structural balance, proper function, maximum retention and stability. Like Survey, it is another one of the many *extra* steps that pay dividends in greater patient satisfaction.

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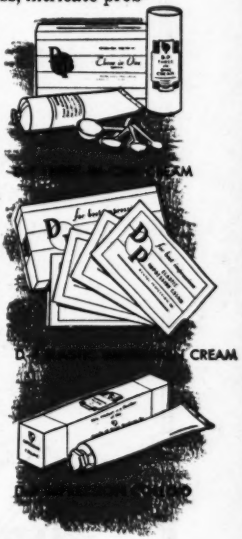

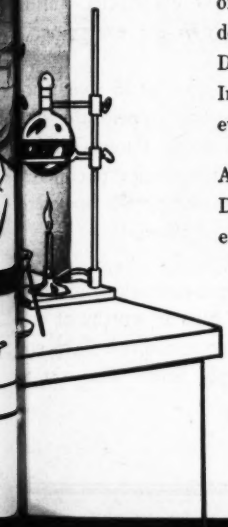

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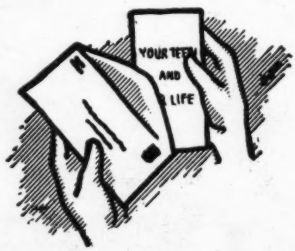

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WHO'S WHO AND WHERE

ADVERTISING INDEX

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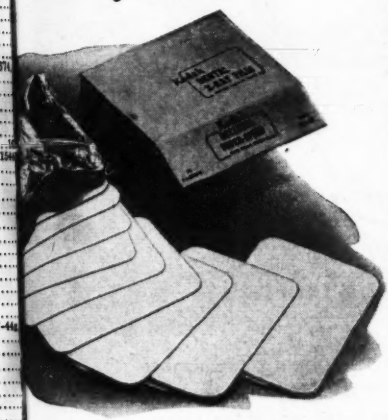

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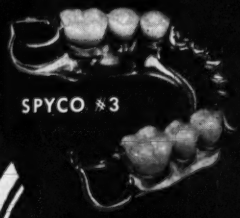

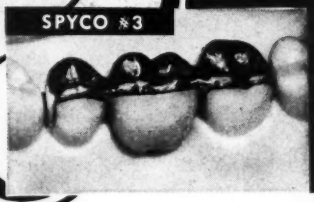

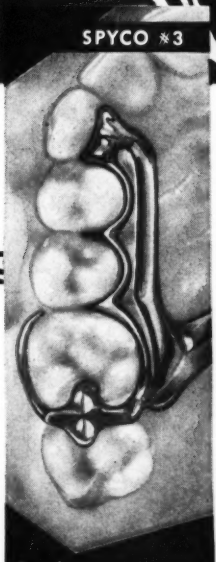

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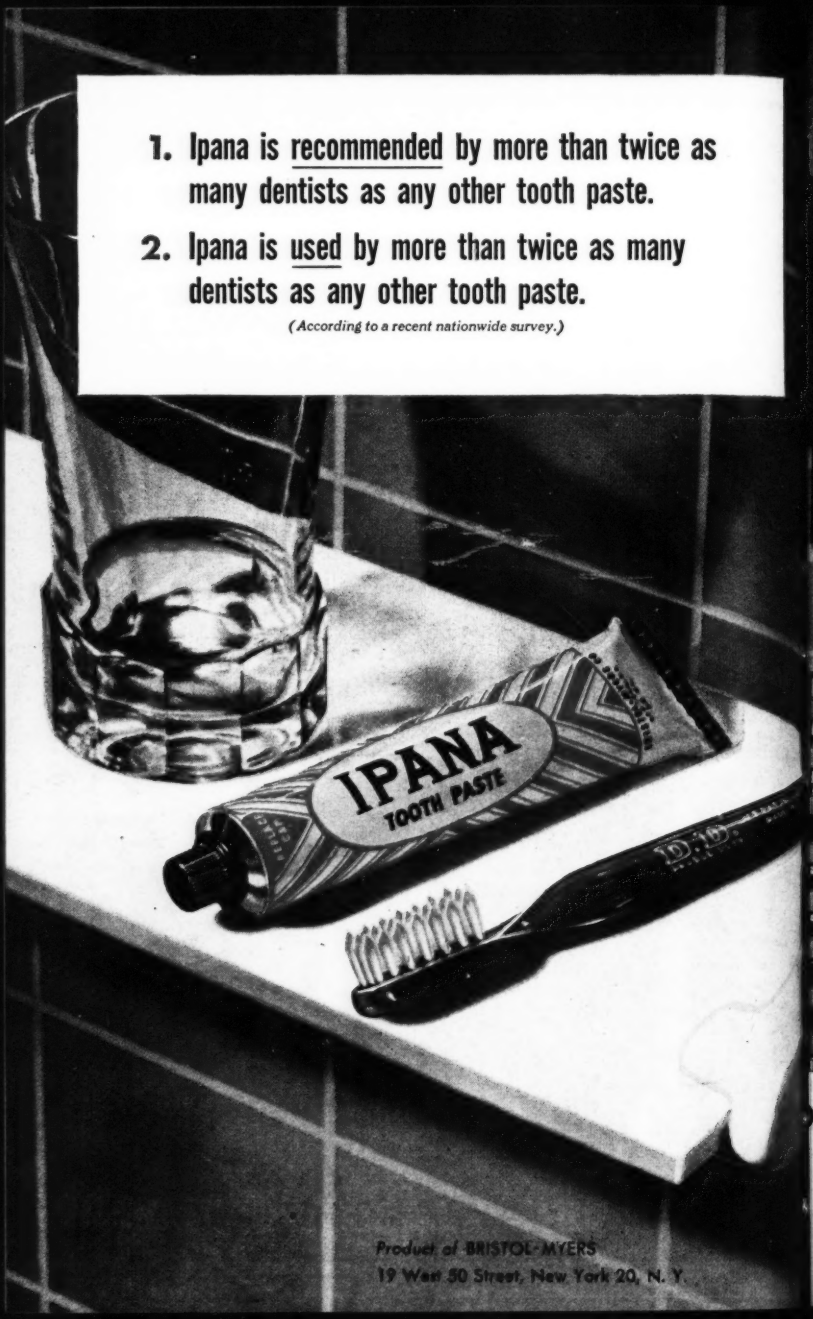
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